## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000010388

Entity Name: KID FINDERS NETWORK, INC.

Jul 07, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1740 E ROAD SUITE B LOXAHATCHEE, FL 33470 **New Mailing Address: Current Mailing Address:** P.O. BOX 212306 WEST PALM BEACH, FL 33421 FEI Number: 20-5764303 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILSTEAD, SHERRI 1740 E ROAD SUITE B LOXAHATCHEE, FL 33470 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition MILSTEAD, DENNIS W Name: Name: 1740 E ROAD Address: Address: City-St-Zip: LOXHATCHEE, FL 33470 City-St-Zip: Title: () Delete Title: () Change () Addition MILSTEAD, SHERRI J Name: Name: Address: 1740 E ROAD Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: Title: DIR () Delete Title: (X) Change ( ) Addition TUTTLE, MISCHA Name: KONNERTH, LAURIE Name: Address: 1740 E ROAD Address: 1740 E ROAD City-St-Zip: LOXAHATHCEE, FL 33470 City-St-Zip: LOXAHATHCEE, FL 33470 Title: DIR () Delete Title: () Change () Addition Name: RIDDLE, JAMES Name: Address: 1740 E ROAD Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: Title: DIR () Delete Title: DIR (X) Change ( ) Addition VANOVER, BOBBY J III SAMUELS, HARLEE A Name: Name: 1740 E ROAD Address: Address: 1740 E ROAD LOXAHATCHEE, FL 33470 City-St-Zip: City-St-Zip: LOXAHATCHEE, FL 33470 Title: () Delete Title: ( ) Change (X) Addition MCCANDLESS, SHERI Name: Name: Address: Address: 1740 E ROAD LOXAHATCHEE, FL 33470 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI MILSTEAD VP 07/07/2008