

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 14, 2008
Secretary of State

DOCUMENT# N07000003356

Entity Name: THERAPY 4 KIDS AND FAMILIES, INC.**Current Principal Place of Business:**434 N MEANDER DR
ALTAMONTE SPRINGS, FL 32714**New Principal Place of Business:**2843 JOSEPH CIR
OVIEDO, FL 32765**Current Mailing Address:**434 N MEANDER DR
ALTAMONTE SPRINGS, FL 32714**New Mailing Address:**2843 JOSEPH CIR
OVIEDO, FL 32765**FEI Number:** 20-8519392**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HENRY, JULIE
434 N MEANDER DR
ALTAMONTE SPRINGS, FL 32714 US**Name and Address of New Registered Agent:**KELLEY-LEWIS, SABRENIA
2843 JOSEPH CIRCLE
OVIEDO, FL 32765 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: SABRENIA KELLEY-LEWIS

07/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MRS () Delete
Name: HENRY, JULIE DS
Address: 434 N MEANDER DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MRS () Delete
Name: KELLEY-LEWIS, SABRENIA DP
Address: 434 N MEANDER DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MRS () Delete
Name: COLON, CAREY T
Address: 434 N MEANDER DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: HENRY, JULIE
Address: 434 N MEANDER DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: P (X) Change () Addition
Name: KELLEY-LEWIS, SABRENIA
Address: 434 N MEANDER DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: T (X) Change () Addition
Name: COLON, CAREY
Address: 434 N MEANDER DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: D () Change (X) Addition
Name: MADAUS, GLORIA
Address: 2843 JOSEPH CIR
City-St-Zip: OVIEDO, FL 32765 US

Title: D () Change (X) Addition
Name: SOLOMON, TORRANCE
Address: 2843 JOSEPH CIR
City-St-Zip: OVIEDO, FL 32765 US

Title: D () Change (X) Addition
Name: GARWOOD, ANDREA
Address: 2843 JOSEPH CIR
City-St-Zip: OVIEDO, FL 32765 US

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: SABRENIA KELLEY-LEWIS

DP

07/14/2008

Electronic Signature of Signing Officer or Director

Date