

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004946

FILED
May 01, 2008
Secretary of State

Entity Name: CURE FOR KIDS, INC.

Current Principal Place of Business:

6150 MARGARET ST, SUITE 302, PMB #353
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

6150 MARGARET ST, SUITE 302, PMB #353
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 56-2672738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

KERNS, EMILY R
50 NORTH LAURA STREET STE 2925
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: FRANKLIN, MARTIELE
Address: 28 TURTLEBACK TRAIL
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: BLACKWOOD, APRIL
Address: 2813 OAK STREET NO 1
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Delete
Name: HUBBELL, AMY
Address: 400 EAST BAY STREET UNIT 804
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HUBBELL, AMY
Address: 400 EAST BAY STREET UNIT 804
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
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: MARTIELE FRANKLIN

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date