

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007852

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Entity Name:** CARING 4 KIDZ, INC.

**Current Principal Place of Business:**

8040 SW 19TH CT.  
DAVIE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

8040 SW 19TH CT.  
DAVIE, FL 33324

**New Mailing Address:**

**FEI Number:** 26-0683623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, DOTTIE  
8040 SW 19TH CT  
DAVIE, FL 33324 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: P  
Name: WILLIAMS, DOTTIE  
Address: 8040 SW 19TH CT  
City-St-Zip: DAVIE, FL 33324

Title: VP  
Name: BARBE, JEANISE  
Address: 22412 SW 66TH AVE  
City-St-Zip: BOCA RATON, FL 33428

Title: TRE  
Name: DALE, CHRISTINE  
Address: 8040 SW 19TH CT  
City-St-Zip: DAVIE, FL 33324

I hereby 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 all other like empowered.

**SIGNATURE:** DOTTIE WILLIAMS

P

01/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date