2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N07000011570

Entity Name: KID'S FUTURE OF FLORIDA, INC.

Current Principal Place of Business:

1501 RR ILLINOIS AVENUE
ST CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

1501 RR ILLINOIS AVENUE
ST CLOUD, FL 34769

New Mailing Address:

FEI Number: 26-1778196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAYES, ROBERT S ESQUIRE
441 W VINE STREET
KISSIMMEE, FL 34741 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:	PD	( ) Delete
Name:	CENTO, JOHN A SR.	
Address:	1501 ILLINOIS AVENUE	
City-St-Zip:	ST CLOUD, FL 34769	
Title:	D	( ) Delete
Name:	LEPP, MICHAEL W	
Address:	4915 CULDESAC COURT	
City-St-Zip:	ST CLOUD, FL 34772	
Title:	VPD	( ) Delete
Name:	CENTO, JOHN JR.	
Address:	1501 ILLINOIS AVENUE	
City-St-Zip:	ST CLOUD, FL 34769	
Title:	D	( ) Delete
Name:	CENTO, STEPHEN	
Address:	3068 FOXHILL CIRCLE, APT. 204	
City-St-Zip:	APOPKA, FL 32703	
Title:	SD	( ) Delete
Name:	ALVEY, SUSAN	
Address:	2740 SETTLERS TRAIL	
City-St-Zip:	ST CLOUD, FL 34772	
Title:	TD	( ) Delete
Name:	WHITTEMORE, PAM	
Address:	1348 CINDER LANE	
City-St-Zip:	KISSIMMEE, FL 34744	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOHN A CENTO SR PRES 04/23/2008

Electronic Signature of Signing Officer or Director — Date