2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N08000002223

Entity Name: MAGIC CITY KIDS, INC.

Current Principal Place of Business:

2911 NW 8TH ROAD
FORT LAUDERDALE, FL 333136443

New Principal Place of Business:

4901 NW 26TH AVE
MIAMI, FL 33142 US

Current Mailing Address:

2911 NW 8TH ROAD
FORT LAUDERDALE, FL 333136443

New Mailing Address:

PO BOX 470068
MIAMI, FL 33247 US

FEI Number: 26-2142026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, TAMIKA R
2911 NW 8TH ROAD
FORT LAUDERDALE, FL 333136443 US

Name and Address of New Registered Agent:

ROBINSON, TAMIKA R
4901 NW 26TH AVE
MIAMI, FL 33142 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: TAMIKA R. ROBINSON 02/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROBINSON, TAMAIKA R
Address: 2911 NW 8TH ROAD
City-St-Zip: FORT LAUDERDALE, FL 333136443

Title: V ( ) Delete
Name: NICKERSON, SYLVESTER F
Address: 4901 NW 26TH AVE
City-St-Zip: MIAMI, FL 33142

Title: S ( ) Delete
Name: NICKERSON, CLARA
Address: 4901 NW 26TH AVE
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROBINSON, TAMIKA R
Address: 4901 NW 26TH AVE
City-St-Zip: MIAMI, FL 33142 US

Title: V (X) Change ( ) Addition
Name: WELLS, KEVRETTE
Address: PO BOX 470068
City-St-Zip: MIAMI, FL 33247 US

Title: S (X) Change ( ) Addition
Name: SIMMONS, TINA C
Address: 4810 NW 25TH AVE
City-St-Zip: MIAMI, FL 33142 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: TAMIKA R. ROBINSON P 02/11/2009
Electronic Signature of Signing Officer or Director Date