

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005069

FILED
May 11, 2009
Secretary of State

Entity Name: SUPER SPECIAL KIDS, INC.

Current Principal Place of Business:

13791 ONEIDA DR., #A-2
DELRAY BEACH, FL 33446

New Principal Place of Business:

15209 S. TRANQUILITY LAKE DR.
#102
DELRAY BEACH, FL 33446

Current Mailing Address:

13791 ONEIDA DR., #A-2
DELRAY BEACH, FL 33446

New Mailing Address:

15209 S. TRANQUILITY LAKE DR.
#102
DELRAY BEACH, FL 33446

FEI Number: 80-0190469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

HORN, LISA M.
13791 ONEIDA DR., #A-2
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

HORN, LISA M.
15209 S. TRANQUILITY LAKE DR.
#102
DELRAY BEACH, FL 33446 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: _____

05/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: HORN, LISA M.
Address: 13791 ONEIDA DR., #A-2
City-St-Zip: DELRAY BEACH, FL 33446

Title: DS () Delete
Name: GORMAN, MARGUERITE
Address: 3517 PINE HAVEN CIR.
City-St-Zip: BOCA RATON, FL 33431

Title: VC () Delete
Name: REINOSO, ALBERT
Address: 111-20 76TH RD., #5G
City-St-Zip: FOREST HILLS, NY 11375

Title: T () Delete
Name: REICH, MERYL
Address: 1101 RIVER REACH DR., APT #519
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: M () Delete
Name: SHAPIRO, FELICIA
Address: 170 E 83RD ST., #7P
City-St-Zip: NY, NY 10028

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: GORMAN, MARGUERITE
Address: 3517 PINE HAVEN CIR.
City-St-Zip: BOCA RATON, FL 33431

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: M () Change (X) Addition
Name: GLEASON, MARY
Address: 1024 ALMARIDA STREET
City-St-Zip: SAN JOSE, CA 95128

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: LISA M. HORN

DC

05/11/2009

Electronic Signature of Signing Officer or Director

Date