2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N08000005347

Entity Name: SUPERFIT KIDZ FOUNDATION, INC.

Current Principal Place of Business:

1540 BIG BASS DRIVE
TARPON SPRINGS, FL 34688

New Principal Place of Business:

1540 BIG BASS DRIVE
TARPON SPRINGS, FL 34689

Current Mailing Address:

1540 BIG BASS DRIVE
TARPON SPRINGS, FL 34688

New Mailing Address:

P.O BOX 1252
TARPON SPRINGS, FL 34688

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

Name and Address of Current Registered Agent:

AZIROVIC, CONNIE J
1540 BIG BASS DRIVE
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

RUSSO-AZIROVIC, CONNIE JO
1540 BIG BASS DRIVE
TARPON SPRINGS, FL 34689 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: CONNIE JO RUSSO-AZIROVIC 04/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: AZIROVIC, CONNIE J
Address: P. O. BOX 1252
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D ( ) Delete
Name: ALBANO, CHARLOTTE M
Address: P. O. BOX 1252
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D ( ) Delete
Name: TORRENCE, ALFRED W
Address: 6709 RIDGE ROAD, SUITE 106
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RUSSO-AZIROVIC, CONNIE JO
Address: P. O. BOX 1252
City-St-Zip: TARPON SPRINGS, FL 34688

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: CONNIE JO RUSSO-AZIROVIC DIRE 04/13/2009
Electronic Signature of Signing Officer or Director Date