

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007171

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: THERAPY4KIDS & PARENTS TOO, INC.

**Current Principal Place of Business:**

2843 JOSEPH CIR  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

2843 JOSEPH CIR  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 26-3061150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KELLEY-LEWIS, SABRENIA  
2843 JOSEPH CIR  
OVIEDO, FL 32765 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 ( ) Delete  
Name: KELLEY-LEWIS, SABRENIA  
Address: 2843 JOSEPH CIR  
City-St-Zip: OVIEDO, FL 32765 US

Title: S ( ) Delete  
Name: STEPHENS, JESSICA  
Address: 2843 JOSEPH CIR  
City-St-Zip: OVIEDO, FL 32765

Title: T ( ) Delete  
Name: RIVERA, ANDRES  
Address: 2843 JOSEPH CIR  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: KELLEY-LEWIS, SABRENIA  
Address: 2843 JOSEPH CIR  
City-St-Zip: OVIEDO, FL 32765 US

Title: S (X) Change ( ) Addition  
Name: MADDAUS, GLORIA  
Address: 2843 JOSEPH CIR  
City-St-Zip: OVIEDO, FL 32765

Title: T (X) Change ( ) Addition  
Name: SOLOMON, TORRANCE  
Address: 2843 JOSEPH CIR  
City-St-Zip: OVIEDO, FL 32765

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: SABRENIA KELLEY-LEWIS

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date