

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007471

FILED
Jul 01, 2009
Secretary of State

Entity Name: BIKES FOR KIDZ, INC.

Current Principal Place of Business:

12530 SUNNYDALE DRIVE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

12530 SUNNYDALE DRIVE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 26-3583859 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:

Name and Address of New Registered Agent:

KOHNER, KIMBERLY
12530 SUNNYDALE DRIVE
WELLINGTON, FL 33414 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOHNER, KIMBERLY
Address: 12530 SUNNYDALE DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: KOHNER, MICHAEL L
Address: 12530 SUNNYDALE DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: ELLSWORTH, WANDA
Address: 106 RAINBOW FISH CIRCLE
City-St-Zip: JUPITER, FL 33477

Title: D () Delete
Name: ELLSWORTH, BRUCE
Address: 106 RAINBOW FISH CIRCLE
City-St-Zip: JUPITER, FL 33477

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:

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: MICHAEL KOHNER

D

07/01/2009

Electronic Signature of Signing Officer or Director

Date