## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000009387

Entity Name: ALL KIDS MATTER, INC.

COX, MARIA

12381 CREEK EDGE DR

RIVERVIEW, FL 33579

Name:

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6313 COCOA LANE APOLLO BEACH, FL 33572 **Current Mailing Address: New Mailing Address:** 6313 COCOA LANE APOLLO BEACH, FL 33572 FEI Number: 26-1951950 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WIRICK, KIM 6313 CÓCOA LANE APOLLO BEACH, FL 33572 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WIRICK, KIM Name: Name: Address: 6313 COCOA LANE Address: City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: OLIS, ERIC Name: Address: 5793 ROSEBROOK Address: City-St-Zip: TROY, MI 48084 City-St-Zip: Title: () Delete Title: () Change () Addition MAILLOUX, KELLY Name: Name: 18389 GARDENIA DR Address: Address: City-St-Zip: SOUTH BEND, IN 46637 City-St-Zip: Title: ( ) Delete Title: () Change () Addition WIRICK, CHAS Name: Name: Address: P.O. BOX 2032 Address: City-St-Zip: WASHINGTON, DC 200023695 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KIM WIRICK D 04/29/2009