

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001048

**FILED**  
**Jan 20, 2010**  
**Secretary of State**

**Entity Name:** KASIE HELPZ KIDZ INC.

**Current Principal Place of Business:**

5126 CATTLE TRAIL  
MILTON, FL 32583

**New Principal Place of Business:**

**Current Mailing Address:**

5126 CATTLE TRAIL  
MILTON, FL 32583

**New Mailing Address:**

**FEI Number:** 80-0353803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHANDLER, TERRY  
5126 CATTLE TRAIL  
MILTON, FL 32583 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: D  
Name: CHANDLER, TERRY  
Address: 5126 CATTLE TRAIL  
City-St-Zip: MILTON, FL 32583

Title: D  
Name: FORMAN, JAN  
Address: 5126 CATTLE TRAIL  
City-St-Zip: MILTON, FL 32583

Title: D  
Name: ULLRICH, KRISTI  
Address: 3403 LEGENDS MIST DR  
City-St-Zip: SPRING, TX 77389

I hereby 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 all other like empowered.

**SIGNATURE:** TERRY CHANDLER

D

01/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date