

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005269

**FILED**  
**Jun 07, 2012**  
**Secretary of State**

**Entity Name:** "KNEADS" A FRESH VISION FOR SPECIAL EDUCATION, INC.

**Current Principal Place of Business:**

2187 TRADE CENTER WAY, UNIT 5  
NAPLES, FL 34113

**New Principal Place of Business:**

**Current Mailing Address:**

5060 N BEACH RD UNIT 302  
ENGLEWOOD, FL 34223

**New Mailing Address:**

**FEI Number:** 90-0625324

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAGONI, EDITH  
5060 N BEACH RD UNIT 302  
ENGLEWOOD, FL 34223 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  
Name: PAGONI, EDITH  
Address: 7818 ASHTON ROAD  
City-St-Zip: NAPLES, FL 34113

Title: V  
Name: STUART, MICHAEL  
Address: 8004 WILFREDO COURT  
City-St-Zip: NAPLES, FL 34114

Title: S  
Name: LENTIS, JAN E  
Address: 6010 ENGLISH OAKS DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: T  
Name: BYERS, PATRICA  
Address: 1459 INDIGO LAKES CIRCLE  
City-St-Zip: NAPLES, FL 34119

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: EDITH PAGONI

D

06/07/2012

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

\_\_\_\_\_  
Date