2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007
Secretary of State

DOCUMENT# N34498

Entity Name: KIDZ BLITZ MINISTRIES, INC.

Current Principal Place of Business:

301 UNITED CT.
SUITE 4
LEXINGTON, KY 40509

New Principal Place of Business:

5028 ASHGROVE ROAD
NICHOLASVILLE, KY 40356

Current Mailing Address:

301 UNITED CT.
SUITE 4
LEXINGTON, KY 40509

New Mailing Address:

5028 ASHGROVE ROAD
NICHOLASVILLE, KY 40356

FEI Number: 59-2966480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOVEY, KENNETH A
1329 RYAN LANE
W. PALM BEACH, FL 33411 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: FIELDS, ROGER T
Address: 1004 WOODSHIRE WAY
City-St-Zip: LEXINGTON, KY 40515

Title: V ( ) Delete
Name: FIELDS, TAMARA J
Address: 1004 WOODSHIRE WAY
City-St-Zip: LEXINGTON, KY 40515

Title: ST ( ) Delete
Name: HARRISON, TERRA D
Address: 105 GREENTREE DRIVE
City-St-Zip: NICHOLASVILLE, KY 40356

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FIELDS, ROGER T
Address: 5028 ASHGROVE ROAD
City-St-Zip: NICHOLASVILLE, KY 40356

Title: V (X) Change ( ) Addition
Name: FIELDS, TAMARA J
Address: 5028 ASHGROVE ROAD
City-St-Zip: NICHOLASVILLE, KY 40356

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TERRA D HARRISON ST 02/23/2007

Electronic Signature of Signing Officer or Director — Date