

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38016

FILED
Mar 27, 2007
Secretary of State

Entity Name: PASCO KIDS FIRST, INC.

Current Principal Place of Business:

7615 LITTLE ROAD
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

7615 LITTLE ROAD
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 59-3010809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOND, KEITH
9436 REGENCY PARK BOULEVARD
PORT RICHEY, FL 34668 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: MILLER, DAVID REV
Address: 2200 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP (X) Delete
Name: YACHT, MARC DR
Address: 10841 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S () Delete
Name: DAVIS, PHYLLIS LT
Address: 8700 CITIZENS DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: SMITHWICK, ROSANNE
Address: 8311 SHALLOW CREEK COURT
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: HOBBS, KAROLYN K
Address: 7608 SEQUOIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: LEE, CINDY DR
Address: 17652 D JAMESTOWN WAY
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: DAVIS, PHYLLIS
Address: 6212 CORSON AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

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 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: DAVID MILLER

P

03/27/2007

Electronic Signature of Signing Officer or Director

Date