2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38016

Entity Name: PASCO KIDS FIRST, INC.

Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

7615 LITTLE ROAD NEW PORT RICHEY, FL 34654

Current Mailing Address: New Mailing Address:

7615 LITTLE ROAD NEW PORT RICHEY, FL 34654

FEI Number: 59-3010809 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:

HAMMOND, KEITH 9436 REGENCY PARK BOULEVARD PORT RICHEY, FL 34668

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:

(X) Change () Addition () Delete MILLER, DAVID REV SMITHWICK, ROSANNE Name: Name:

2200 LITTLE ROAD Address: 5313 SHAW STREET Address:

City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: Title: (X) Change () Addition () Delete DAVIS, PHYLLIS Name: LEE, CINDY DR Name:

Address: 6212 CORSON AVE Address: 17652 D JAMESTOWN WAY

NEW PORT RICHEY, FL 34653 City-St-Zip: City-St-Zip: LUTZ, FL 33558

Title: () Delete Title: (X) Change () Addition

SMITHWICK, ROSANNE Name: DAVIS, PHYLLIS Name: 8311 SHALLOW CREEK COURT 6212 CORSON AVENUE Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34653

Title: () Delete Title: (X) Change () Addition

Name: HOBBS, KAROLYN K Name: MERRICKS, HOWARD 7608 SEQUOIA DRIVE Address: Address: 3152 LITTLE ROAD, SUITE 409

City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Delete Title: (X) Change () Addition

LEE, CINDY DR GRABOWSKI, MARIANNE Name: Name: 7512 RIDGE ROAD 17652 D JAMESTOWN WAY Address: Address:

City-St-Zip: LUTZ, FL 33558 City-St-Zip: NEW PORT RICHEY, FL 34668

Title: () Delete Title: () Change (X) Addition

JOHNSON, DAVID DR Name: Name: Address: Address: 10841 LITTLE ROAD

NEW PORT RICHEY, FL 34654 City-St-Zip: City-St-Zip:

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.

SIGNATURE: ROSANNE SMITHWICK **PRES** 04/30/2008

Electronic Signature of Signing Officer or Director

Date