2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003
Secretary of State

DOCUMENT# N38629

Entity Name: KID-NEEDS, INC.

Current Principal Place of Business:

7723 SW 13TH ROAD
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

7723 SW 13TH ROAD
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3125933 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOGAN, VERONICA C
7723 SW 13TH ROAD
GAINESVILLE, FL 32607 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:	PD	( ) Delete
Name:	LOGAN, VERONICA C	
Address:	7723 SW 13TH RD.	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	VD	(X) Delete
Name:	LOGAN, GARY G	
Address:	7723 SW 13TH RD.	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	STD	(X) Delete
Name:	LOGAN, NATHANIEL S	
Address:	7723 SW 13TH RD.	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	T	(X) Delete
Name:	LOGAN, TAMARA ANNE	
Address:	7723 SW 13TH RD.	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	T	( ) Delete
Name:	CRAWFORD, MATTIE	
Address:	13208 SW CR 346	
City-St-Zip:	ARCHER, FL 32618	
Title:	T	( ) Delete
Name:	RIVERS, ROSE R RN PHD	
Address:	1600 SW ARCHER RD	
City-St-Zip:	GAINESVILLE, FL 326100335	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Section 119.07(3)(i), 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: VERONICA C. LOGAN PD 05/19/2003
Electronic Signature of Signing Officer or Director — Date