

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 18, 2006
Secretary of State**

DOCUMENT# N50407

Entity Name: KIDS BEATING CANCER, INC.

Current Principal Place of Business:

615 E. PRINCETON STREET
SUITE # 400
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

615 E PRINCETON STREET
SUITE #400
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3136203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOIGHT-GUEDES, MARGARET
615 E. PRINCETON STREET
SUITE #400
ORLANDO, FL 32803 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: D () Delete
Name: SACHEDINA, SHENIN MD
Address: 1925 MIZEL AVENUE
City-St-Zip: WINTER PARK, FL 32792

Title: DP () Delete
Name: VOIGHT-GUEDES, MARGARET
Address: 1010 VIA MERANO CT
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: GUEDES, BEN MD
Address: 615 E. PRINCETON STREET, SUITE 400
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: STOUT, MARILYN
Address: 1400 S. ORLANDO AVE., #103
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: OWENS, ROBERT JR.
Address: 2555 TEMPLE TRAIL
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: KEEFE, JERRY
Address: 251 MAITLAND AVENUE SUITE #107
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: EDWARDS, JOHN MD
Address: 2501 N ORANGE AVE SUITE #581
City-St-Zip: ORLANDO, FL 32804

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

Title: D (X) Change () Addition
Name: REECE, ROBERT
Address: PO BOX 478
City-St-Zip: WINTER PARK, FL 32790

Title: D (X) Change () Addition
Name: JOHNSON, TREICHELL
Address: 35 SKYLINE DRIVE
City-St-Zip: LAKE MARY, FL 32746

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: MARGARET VOIGHT GUEDES

DP

04/18/2006

Electronic Signature of Signing Officer or Director

Date