

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50407

FILED  
Jan 24, 2007  
Secretary of State

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: EDWARDS, JOHN MD  
Address: 2501 N ORANGE AVE SUITE #581  
City-St-Zip: ORLANDO, FL 32804

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DIEBEL, TAMI ESQ.  
Address: 37 N ORANGE AVE SUITE 300  
City-St-Zip: ORLANDO, FL 32801

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 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 GUEDES

DP

01/24/2007

Electronic Signature of Signing Officer or Director

Date