## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50407

FILED Apr 14, 2009 Secretary of State

Entity Name: KIDS BEATING CANCER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 615 E. PRINCETON STREET **SUITE # 400** ORLANDO, FL 32803 **Current Mailing Address: New Mailing Address:** 615 E PRINCETON STREET 615 E. PRINCETON STREET SUITE # 400 SUITE #400 ORLANDO, FL 32803 ORLANDO, FL 32803 FEI Number: 59-3136203 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: VOIGHT-GUEDES, MARGARET 615 E. PRINCETON STREET **SUITE #400** ORLANDO, FL 32803 US 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: () Delete () Change () Addition REDDY, VIJAY MD Name: Name: 2501 N ORANGE AVE SUITE 581 Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: () Delete Title: () Change () Addition GUEDES, MARGARET Name: Name: Address: 1010 VIA MERANO CT Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: () Delete Title: () Change () Addition EDWARDS, JOHN MD Name: Name: 2501 N ORANGE AVE SUITE #581 Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: Title: () Delete Title: () Change () Addition Name: STOUT, MARILYN Name: 1400 S. ORLANDO AVE., #103 Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition REECE, ROBORT REECE, ROBERT Name: Name: PO BOX 478 Address: Address: PO BOX 478 WINTER PARK, FL 32790 City-St-Zip: City-St-Zip: WINTER PARK, FL 32790 Title: () Delete Title: (X) Change ( ) Addition WEIST, KARYN MD ELAWADI, MOOD Name: Name: Address: 7408 RED BUG RD Address: 515 W. MORSE BLVD. OVIEDO, FL 32765 WINTER PARK, FL 32789 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: MARGARET VOIGHT GUEDES CEO 04/14/2009