

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001501

FILED
Jan 10, 2006
Secretary of State

Entity Name: TYKES AND TEENS, INC.

Current Principal Place of Business:

735 COLORADO AVE
STE 6
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

PO BOX 265
STUART, FL 34995 US

New Mailing Address:

FEI Number: 65-0570899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RALICKI, JEFFREY S
735 COLORADO AVE
SUITE 6
STUART, FL 34994 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: SCHNEIDER, GLEN
Address: 200 SW 9TH STREET
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: D () Delete
Name: OSTROFKY, MARY ANNE
Address: 5211 SE BURNING TREE CIRCLE
City-St-Zip: STUART, FL 34997 US

Title: P () Delete
Name: RALICKI, JEANNE
Address: 729 COLORADO AVE
City-St-Zip: STUART, FL

Title: D () Delete
Name: PERUGINI, BUNNIE
Address: 59 CAYMAN PLACE
City-St-Zip: PALM BEACH GARDENS,, FL 33418

Title: D () Delete
Name: GENTRY, LINDA
Address: 2400 SE SALERNO RD
City-St-Zip: STUART, FL 34997

Title: T () Delete
Name: FAICHNEY, MARGARET
Address: 5815 SE FEDERAL HWY
City-St-Zip: STUART, FL 34997

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
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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: JEFFREY RALICKI

ED

01/10/2006

Electronic Signature of Signing Officer or Director

Date