2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001501

Entity Name: TYKES AND TEENS, INC.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
735 COLOF STE 6 STUART, F					
Current Mailing Address:			New Maili	New Mailing Address:	
PO BOX 26 STUART, F		JS			
FEI Number:	65-0570899	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
RALICKI, JE 735 COLOF SUITE 6 STUART, F					
The above in the State		submits this statement for the pu	rpose of changing i	its registered office or registered agent, or both,	
SIGNATUR	E:				
	Electron	nic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S (LAURA, HASSE 2401 SE MONT STUART, FL 3	TERY RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (NUZUM, JOHN 301 E. OCEAN STUART, FL 3		Title: Name: Address: City-St-Zip:	D (X) Change () Addition SINGER, SANDY 4392 NE OCEAN BLVD. JENSEN BEACH, FL 34957 US	
Title: Name: Address: City-St-Zip:	P (RALICKI, JEAN 1099 WESTMII STUART, FL 3	NSTER PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JORDAN, MAR 12 CASTEL HII		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (GENTRY, LIND 2400 SE SALE STUART, FL 3	RNO RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LIOCE, CELES 11380 PROSP) Delete ITE ERITY FARMS RD. #212 GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	T (X) Change () Addition MOLINOA, KELLE 2710 SW MARTIN DOWNS BLVD PALM CITY, FL 34990	

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: JEFFREY S. RALICKI RA 01/19/2009