2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005822

Entity Name: KICKIN' FOR KIDS, INC.

FILED Mar 25, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5830 MEMORIAL HWY

#414

TAMPA, FL 33615 US

Current Mailing Address: New Mailing Address:

P.O. BOX 20291 TAMPA, FL 33622 US

FEI Number: 59-3356183 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:

GRANT, MARLA D 5830 MEMORIAL HWY #414 TAMPA, FL 33615 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:

Title: PTD () Delete Title: () Change () Addition

 Name:
 GRANT, MARLA D
 Name:

 Address:
 5830 MEMORIAL HWY #414
 Address:

City-St-Zip: TAMPA, FL 33615 City-St-Zip:

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 CALHOUN, BRENNAN K
 Name:
 CALHOUN, BRENNAN K

 Address:
 214 ABBYGLEN WAY
 Address:
 108 KENNINGHALL DR.

 City-St-Zip:
 KENNESAW, GA 30144 US
 City-St-Zip:
 SMYRNA, GA 30082 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: CALHOUN, RYAN C Name: CALHOUN, RYAN C

Address: 3660 EAST BAY DR. APT 1221 Address: 5117 FOXBRIDGE CR. NTH #108

City-St-Zip: LARGO, FL 33711 City-St-Zip: LARGO, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARLA D. GRANT P 03/25/2005