2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# N97000005932

Entity Name: CHANGING KIDS DIRECTIONS, INC.

Current Principal Place of Business:

6900-29 DANIELS PKWY
PMB 220
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

6900-29 DANIELS PKWY
PMB 220
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: 65-0786405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NILER, WILLIAM J
11123 LAKELAND CIRCLE
FT MYERS, FL 33913 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:	TDP	( ) Delete
Name:	NILER, WILLIAM	
Address:	11123 LAKELAND CIRCLE	
City-St-Zip:	FT MYERS, FL 33913	
Title:	STD	( ) Delete
Name:	NILER, RITA	
Address:	11123 LAKELAND CIRCLE	
City-St-Zip:	FT MYERS, FL 33913	
Title:	TD	( ) Delete
Name:	NILER, CARRIE	
Address:	72 HOMESTEAD LN	
City-St-Zip:	LINCOLN PARK, NJ 07035	
Title:	D	( ) Delete
Name:	MEHLMAN, ROBERT	
Address:	54 MAPLERUN DR	
City-St-Zip:	JERICO, NY 11753	
Title:	D	( ) Delete
Name:	SHAPIRO, SALLY	
Address:	8722 53RD PL E	
City-St-Zip:	BRADINGTON, FL 34211	
Title:	D	( ) Delete
Name:	HERMAN, WILLIAM	
Address:	3313 SABALCOVE DR	
City-St-Zip:	LONG BOAT KEY, FL 34228	

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
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 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: WILLIAM J. NILER TDP 01/13/2004

Electronic Signature of Signing Officer or Director — Date