2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N97000006183

Entity Name: KIDS WISH NETWORK, INC.

Current Principal Place of Business:

4060 LOUIS AVE
HOLIDAY, FL 34691 US

New Principal Place of Business:

Current Mailing Address:

4060 LOUIS AVE
HOLIDAY, FL 34691 US

New Mailing Address:

FEI Number: 31-1579097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BREINER, MARK
3898 TALAH DRIVE
PALM HARBOR, FL 34684 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: ED ( ) Delete
Name: BREINER, SHELLEY MRS.
Address: 4060 LOUIS AVE
City-St-Zip: HOLIDAY, FL 34691 US

Title: D ( ) Delete
Name: BREINER, MARK MR.
Address: 4060 LOUIS AVE
City-St-Zip: HOLIDAY, FL 34691 US

Title: D ( ) Delete
Name: ASKIN, BARBARA MS.
Address: 4060 LOUIS AVE
City-St-Zip: HOLIDAY, FL 34691 US

Title: D ( ) Delete
Name: JOYCE, KEN
Address: 4060 LOUIS AVE
City-St-Zip: HOLIDAY, FL 34691 US

Title: D ( ) Delete
Name: DIECIDUE, DARON DR.
Address: 4060 LOUIS AVE
City-St-Zip: HOLIDAY, FL 34691 US

Title: D ( ) Delete
Name: ARON, LES MR.
Address: 4060 LOUIS AVE
City-St-Zip: HOLIDAY, FL 34691 US

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 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: MARK BREINER PRES 04/14/2009
Electronic Signature of Signing Officer or Director — Date