

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 19, 2010**  
**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 ( )****Name and Address of Current Registered Agent:**LANZATELLA, ANNA MRS.  
18741 GRAND CLUB DRIVE  
HUDSON, FL 34667 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  
Name: ARGIZ-LYONS, ALICIA MRS.  
Address: 4060 LOUIS AVE  
City-St-Zip: HOLIDAY, FL 34691 US

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

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

Title: D  
Name: PELLE, KAREN MS.  
Address: 4060 LOUIS AVE  
City-St-Zip: HOLIDAY, FL 34691 US

Title: D  
Name: JOYCE, KEN MR.  
Address: 4060 LOUIS AVE  
City-St-Zip: HOLIDAY, FL 34691 US

I hereby 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 all other like empowered.

SIGNATURE: ALICIA ARGIZ-LYONS

ED

05/19/2010

Electronic Signature of Signing Officer or Director

Date