## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000006721

City-St-Zip:

FILED Apr 09, 2008 Secretary of State

| Entity Name: CELEBRITIES FORE KIDS, INC.  |  |                                    |  |  |  |
|---|--|------------------------------------|--|--|--|
| Current Principal Place of Business:  |  |                                    | New Principal Pla                                    | New Principal Place of Business:                     |  |
| 3619 SE D<br>STUART, I  | OUBLETON<br>FL 34997                           | IDR                                |  |  |  |
| Current M   | ailing Addr                                    | ess:                               | New Mailing Add                                      | New Mailing Address:                                 |  |
| P.O. BOX<br>STUART, I   |  | US                                 |  |  |  |
| FEI Number:   | 65-0816045                                     | 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: |  |                                    |  |  |  |
| MYERS, CHRISTINE M<br>33 SW FLAGLER AVE.<br>STUART, FL 34994 US                         |  |                                    | ATTRIDGE, LAUR<br>300 HOSPITAL AV<br>STUART, FL 3499 | Æ  |  |
|   | named entit<br>of Florida.                     | y submits this statement for the p | ourpose of changing its regist                       | tered office or registered agent, or both,           |  |
| SIGNATURE: LAURA ATTRIDGE 04/09/2008  |  |                                    |  |  |  |
|   | Electr   | onic Signature of Registered Age   | ent  | Date   |  |
| OFFICERS  | S AND DIRE                                     | CTORS:                             | ADDITIONS/CHA  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:         |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | REINA, RAM                                     | RAL HWY #307                       | Title:<br>Name:<br>Address:<br>City-St-Zip:          | () Change () Addition                                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | DI<br>MYERS, CHI<br>33 SW FLAG<br>STUART, FL   | SLER AVE.                          | Title:<br>Name:<br>Address:<br>City-St-Zip:          | () Change () Addition                                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VP<br>WAYNE, KLI<br>205 VIA ROY<br>JUPITER, FL | ⁄AL                                | Title:<br>Name:<br>Address:<br>City-St-Zip:          | () Change () Addition                                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | LAURA, ATT                                     | WOOD DRIVE APT C                   | Title:<br>Name:<br>Address:<br>City-St-Zip:          | ()Change ()Addition                                  |  |
| Title:<br>Name:<br>Address:   |  | ( ) Delete                         |  | ( ) Change (X) Addition<br>N, JOYCE<br>W 50TH CIRCLE |  |

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.

City-St-Zip:

OCALA, FL 34482

SIGNATURE: LAURA ATTRIDGE 04/09/2008 TR