

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006721

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CELEBRITIES FORE KIDS, INC.

## Current Principal Place of Business:

3619 SE DOUBLETON DR  
STUART, FL 34997

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 186  
STUART, FL 34995 US

## New Mailing Address:

FEI Number: 65-0816045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ATTRIDGE, LAURA  
300 HOSPITAL AVE  
STUART, FL 34994 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: PD ( ) Delete  
Name: REINA, RAMOS  
Address: 729 S. FEDERAL HWY #307  
City-St-Zip: STUART, FL 34994

Title: DI ( ) Delete  
Name: MYERS, CHRISTINE M  
Address: 33 SW FLAGLER AVE.  
City-St-Zip: STUART, FL 34994

Title: VP ( ) Delete  
Name: WAYNE, KLICK  
Address: 205 VIA ROYAL  
City-St-Zip: JUPITER, FL 33458

Title: TR ( ) Delete  
Name: LAURA, ATTRIDGE  
Address: 6257 CHASEWOOD DRIVE APT C  
City-St-Zip: JUPITER, FL 34958

Title: SEC ( ) Delete  
Name: HUDSON, JOYCE  
Address: 2136 NW 50TH CIRCLE  
City-St-Zip: OCALA, FL 34482

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: FILER, MARLENE  
Address: 3619 SE DOUBLETON DR.  
City-St-Zip: STUART, FL 34997

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: LAURA ATTRIDGE

TR

04/30/2009

Electronic Signature of Signing Officer or Director

Date