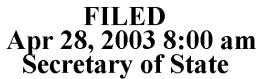
2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT# N98000004938



1. Entity Name I LOVE THE KIDS FOUNDATION, INC.							04-28-2003 91434 00	08 ****61	1.25	
Principal Place 10305 SOUTHW MIRAMAR FL 33	est 20 street	Mailing Address 16031 NE 19 CT #1 MIAMI FL 33162				. 1 200 (410) 010 101	Il 1846 30 08 3084 3002 3004 30011	11112 1 11110 1111	a l (e ll) (ee l	
2. Principal Pl	ace of Business	3. Mailing Address								
Suite, Apt	#, etc.	Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State)	City	City & State			4. FEI Number NC	OT APPLICABLE	<u> </u>	plied For t Applicable	
Zip Country		Zip	Zip Co		ntry	5. Certificate of Sta		8.75 Add ee Required		
6. Name and Address of Current Re						7. Name and Address of New Registered Agent				
AMERILAWYER 343 ALMERIA AVENUE				·	Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL-33134						, "				
1					City		FL.	Zip Code	3	
SIGNATURE .	ons of registered agent. Signature, typed or printed name of registered ager FILE NOW: FEE IS \$61.25	at and title if appl	cable. (NOTE 9. Election Cam Trust Fund Ca	npaign F		\$5.00 May Be Added to Fees	Make Check Florida Departr	ment of S	State	
10.	OFFICERS AND D	IRECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AND DIRE			
NAME STREET ADORESS	PSTD SCOTT, LAWRENCE 10305 SOUTHWEST 20 STREET MIRAMAR FL 33025		□ Delete					Change	Addition	
NAME STREET ADDRESS	NORRIS, DESIREE 10305 SOUTHWEST 20 STREET				1		,	☐ Change	☐ Addition	
NAME STREET ADDRESS	D BROWN, DARRYL 16031 NE 19 CT #1 MIAMI FL 33162		□ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS (CITY-ST-ZIP	Treasurer William J. Davis 1514B NE 544 Cou Fortlanderdale, Fl	A 1/4 . 333	□ Delete		1			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>		□ Delete	1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1			Change	☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: