2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

9/23/2004-90001-034-$61.25-$61.25

FILED

04 OCT 11 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E037 (4/04) 04

DOCUMENT # N98000006695

1. Entity Name

A ONE KIDS, INC.

Principal Place of Business	Mailing Address
7957 S LAKE DRIVE LAKE CLARK SHORES FL 33406	7957 S. LAKE DR. LAKE CLARK SHORES FL 33406

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0860465 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARDSON, KEVIN F 1551 FORUM PLACE,STE.300-F WEST PALM BEACH FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW: FEE IS $61.25
Due By September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DPT NAME MOORE, CHARLES C STREET ADDRESS 6600 GEORGIA AVE.,STE.4 CITY-ST-ZIP WEST PALM BEACH FL 33405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DS NAME MOORE, PETER STREET ADDRESS 6600 GEORGIA AVE.,STE.4 CITY-ST-ZIP WEST PALM BEACH FL 33405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME MOORE, TIM STREET ADDRESS 6600 GEORGIA AVE.,STE.4 CITY-ST-ZIP WEST PALM BEACH FL 33405	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Charles C. Moore, Pres. 10.6.2004 561 588-1011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PB