## FILED Mar 07, 2005 8:00 am Secretary of State

2005 NOT	r-For-Profit Corpor	KATION
	ANNUAL REPORT	

AITHORE REI ORI					03-07-2005 90	0266 027 ****61.25	
DOCUMENT # N9900002745  1. Entity Name CARING FOR KIDS FOUNDATION, INC.						,	
Principal Place of Business 9 SUNSHINE BLVD 0RMOND BEACH, FL 32174  Mailing Address 9 SUNSHINE BLVD 0RMOND BEACH, FL 32174		174		40027374	0)   \$4    01  0   1      4    4      4    4    4    4    4    4    4   4		
Principal Place of Business     .     Mailing Address .							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022005 Chg-NP	CR2E037 (10/03)		
City & State		City & State			4. FEI Number 59-3579319	Applied For No: Applicable	
Zíp	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6Name and Address of Current F	Registered Agent	_		7. Name and Address of New	Registered Agent	
THITTLE	OREDT		Name	Name			
TUTTLE, ROBERT 9 SUNSHINE BLVD ORMOND BEACH, FL 32174			Street A	Street Address (P.O. Box Number is Not Acceptable)			
0,1,1,0,1,0							
			City	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 reinstating)  DATE						DATE	
2	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund Co			TO THE PERSON OF	Make check payable to orida Department of State	
10.	OFFICERS AND DIR	RECTORS	11.1	F	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 10	
TITLE	D .	☐ Defete	TITLE			☐ Change ☐ Addition	
NAME	TUTTLE, ROB		NAME				
STREET ADDRESS CITY-ST-ZIP	425 PINE BLUFF		STREET ADDRESS CITY-ST-ZIP	1			
	ORMOND BEACH, FL 32174		-			- Farmer Flanks	
TITLE NAME	EDWARDS, MARK	☐ Defete	TITLE NAME	Edw	ards, Mark John Anderson	Change Addition	
STREET ADDRESS	552 JOHN ANDERSON		STREET ADDRESS	552	John Anderson	Drive	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	Orm	ond Beach, FL	32176	
TITLE -	,D	- Delete	TITLE			Change Addition	
NAME	TUTTLE, ANDREA		NAME				
STREET ADDRESS CITY-ST-ZIP	425 PINE BLUFF TRAIL ORMOND BEACH, FL 32174		STREET ADDRESS CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE	D		Change ☐ Addition	
NAME	EDWARDS, STEPHANIE	CI Ocidio	NAME	Edu	oards, Stephani		
STREET ADDRESS	552 JOHN ANDERSON		STREET ADDRESS	552	John Anderson	Drive	
CITY-ST-ZP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	Orn	oards, Stephani John Anderson nond Beach, FL	32176	
TITLE		Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME	The state of the s		NAMESTREET ADDRESS		·		
CITY-ST-ZIP	* # * * * * * * * * * * * * * * * * * *	in the second of	CITY-ST-ZIP	~	AT THE PORT OF THE PARTY OF THE	and the grade of the strong pages.	
TITLE	and the second of the second o	Delete	TITLE		<u></u>	Change Addition	
NAME	, • • • • · · · · · · · · · · · · · · ·	one take to the second	NAME		t e e		
STREET ADDRESS			STREET ADDRESS			- · · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP			CITY-ST-ZIP			A Control of the Cont	
13 Iboroby o	partify that the information cumplied with		the averagion etc	rad in Ca	otion 110 07/38/A Florida Statutas	· I turner computed the intermetion	

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 eath; 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. 366-676-1/57 Daytone Phone #