2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003542

Entity Name: KIDZEFX, INC.

FILED Apr 18, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

112 ANN STREET 122 LITTLE ORANGE LAKE DR HAWTHORNE, FL 32640 HAWTHORNE, FL 32640

Current Mailing Address: New Mailing Address:

112 ANN STREET
HAWTHORNE, FL 32640

122 LITTLE ORANGE LAKE DR
HAWTHORNE, FL 32640

FEI Number: 65-0931637 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:

LAPIERRE, GARY J

112 ANN STREET

HAWTHORNE, FL 32640 US

LAPIERRE, GARY J

122 LITTLE ORANGE LAKE DR

HAWTHORNE, FL 32640 US

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: 04/18/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:LAPIERRE, GARY JName:LAPIERRE, GARY JAddress:112 ANN STREETAddress:122 LITTLE ORANGE LAKE DRCity-St-Zip:HAWTHORNE, FL 32640City-St-Zip:HAWTHORNE, FL 32640

Title: () Delete Title: (X) Change () Addition Name: LAPIERRE, PAULINE J Name: LAPIERRE, PAULINE J Address: 112 ANN STREET Address: 122 LITTLE ORANGE LAKE DR City-St-Zip: HAWTHORNE, FL 32640 City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete Title: () Change () Addition

 Name:
 MANION, DOROTHY
 Name:

 Address:
 5117 DRYDEN RD
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33415
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 SIMPSON, ELLOISE
 Name:

 Address:
 6169 SE GEORGETOWN PL
 Address:

 City-St-Zip:
 HOBE SOUND, FL 33455
 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: PAULINE J LAPIERRE VP 04/18/2009