

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90011 002 ****61.25

DOCUMENT # N99000003593 1. Entity Name KIDS CONNECTED BY DESIGN, INC.					
Principal Place of Business 117 ATLANTIC AVE FORT PIERCE, FL 34950				Mailing Address 117 ATLANTIC AVE FORT PIERCE, FL 34950	
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 65-0948854	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent YATES, E. CLAYTON % LAW OFFICE OF E. CLAYTON YATES, P.A. 205 SOUTH SECOND STREET FORT PIERCE, FL 34950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, DON <input type="checkbox"/> Delete 310 PRESTON COURT FORT PIERCE, FL 34950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNINGTON, KIM <input type="checkbox"/> Delete 4204 OKEECHOBEE RD FORT PIERCE, FL 34947		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULME, MEA <input type="checkbox"/> Delete 4204 OKEECHOBEE RD FORT PIERCE, FL 34947		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, DEREK <input type="checkbox"/> Delete 2300 VIRGINIA AVE. FORT PIERCE, FL 34982		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUDYMONT, WALTER <input checked="" type="checkbox"/> Delete 3201 BENT PINE DR FORT PIERCE, FL 34951		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pieter Stryker <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 220 S. Indian River Dr Fort Pierce FL 34980	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, DON <input checked="" type="checkbox"/> Delete 502 SE EVERGREEN TERR PORT SAINT LUCIE, FL 34983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and complete 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:			2/16/2006 772-467-2016 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					