## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000004861

FILED Mar 25, 2009 Secretary of State

Entity Name: CITY KIDS ART FACTORY, INC.

| Current Principal Place of Business:                       |   |  | New Principal                                   | New Principal Place of Business:                              |  |
|--|---|--|---|---|--|
|  | YRTLE AVE<br>NVILLE, FL 32209   | US   |   |   |  |
| urrent Mailing Address:                                    |   |  | New Mailing A                                   | New Mailing Address:  |  |
| 832-010  | BAY MEADOWS I   | ROAD   |   |   |  |
| MB 370<br>ACKSON   | NVILLE, FL 32217  | US   |   |   |  |
|  |   | FEI Number Applied For()   | FEI Number Not Applicable                       | e ( ) Certificate of Status Desired ( )                       |  |
| ame and  | d Address of Cur  | rent Registered Agent:   | Name and Add                                    | Iress of New Registered Agent:                                |  |
| 873 JAÝI   | GREGORY<br>BIRD CIRCLE, N<br>VILLE, FL 32257  | US   |   |   |  |
|  | e named entity sub<br>e of Florida.   | mits this statement for the p  | ourpose of changing its re                      | gistered office or registered agent, or both                  |  |
| IGNATU   | RE:   |  |   |   |  |
|  | Electronic  | Signature of Registered Age  | ent   | Date  |  |
| FFICERS AND DIRECTORS:                                     |   |  | ADDITIONS/CI                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR                    |  |
| le:<br>ime:<br>ldress:<br>ty-St-Zip:                       | T () De<br>RODRIGUEZ, ELIZ<br>5351 TROUT RIVE<br>JACKSONVILLE, F  | ABETH<br>R BLVD  | Title:<br>Name:<br>Address:<br>City-St-Zip:     | ( ) Change ( ) Addition                                       |  |
| le:<br>ime:<br>ldress:<br>ty-St-Zip:                       | P () De<br>OWENS, GREGOR<br>4873 JAYBIRD CIR<br>JACKSONVILLE, F   | RY<br>RCLE N   | Title:<br>Name:<br>Address:<br>City-St-Zip:     | ()Change ()Addition   |  |
|  | D () De   |  |   | (X) Change ()Addition<br>NDRY, KAREN<br>96 - A NORWOOD AVENUE |  |
| ame:<br>Idress:  | DAVIS, SR, JAMES<br>599 ALHAMBRA LA<br>PONTE VEDRA BE   |  |   | CKSONVILLE, FL 32208  |  |
| tle: ame: ldress: tty-St-Zip: tle: ame: ldress: ty-St-Zip: | 599 ALHAMBRA LA   | ACH, FL 32082<br>lete<br>MADELINE<br>RIDGE DR S                                    |   |   |  |
| ume:<br>ldress:<br>ty-St-Zip:<br>le:<br>ume:<br>ldress:    | 599 ALHAMBRA LA PONTE VEDRA BE  D () De TAYLOR-SCALES, 7047 CYPRESS BI PONTE VEDRA BE  VP () De STEWART, ROWE | ACH, FL 32082  lete MADELINE RIDGE DR S ACH, FL 32082  lete NA DOWS RD, SUITE #370 | City-St-Zip: JAC<br>Title:<br>Name:<br>Address: | CKSONVILLE, FL 32208  |  |

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: ELIZABETH RODRIGUEZ T 03/25/2009