

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 06, 2012
Secretary of State

DOCUMENT# N99000005303

Entity Name: HILLSBOROUGH KIDS, INC.

Current Principal Place of Business:FLORILAND OFFICE CENTER
9309 N.FLORIDA AVE., SUITE 107
TAMPA, FL 33612**New Principal Place of Business:**4400 MEADOWWOOD WAY
TAMPA, FL 33618**Current Mailing Address:**FLORILAND OFFICE CENTER
9309 N.FLORIDA AVE., SUITE 107
TAMPA, FL 33612**New Mailing Address:**PO BOX 272018
TAMPA, FL 33688

FEI Number: 59-3622796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MAZIARZ, KAREN CEO
9309 NORTH FLORIDA AVENUE
SUITE 107
TAMPA, FL 33612 US**Name and Address of New Registered Agent:**MAZIARZ, KAREN CEO
4400 MEADOWWOOD WAY
TAMPA, FL 33618 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: KAREN MAZIARZ

06/06/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: C
Name: MURPHY, MINDY
Address: 11209 GREEN PARK CIRCLE
City-St-Zip: TAMPA, FL 33626Title: VC
Name: GILLETTE, MARY ELLEN
Address: 12213 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33612Title: T
Name: TROJANOWSKI, CONSTANCE
Address: 1708 HILLSIDE DRIVE
City-St-Zip: TAMPA, FL 33610Title: S
Name: HALL, MELANIE
Address: 16002 BURNHAM WAY
City-St-Zip: TAMPA, FL 33647Title: CEO
Name: MAZIARZ, KAREN P
Address: 4400 MEADOWWOOD WAY
City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: KAREN MAZIARZ

CEO

06/06/2012

Electronic Signature of Signing Officer or Director

Date