

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005858			
1. Entity Name IN THE LINE OF FIRE FOR KIDS, INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 9999 SummerBreeze Drive		3. Mailing Address P.O. Box 15787	
Suite, Apt. #, etc. Apartment #602		Suite, Apt. #, etc. —	
City & State SUNRISE, Florida		City & State Plantation, Florida	
Zip 33322	Country USA	Zip 33318	Country USA
6. Name and Address of Current Registered Agent Spiegel & Utrera, P.A. 343 Almeria Avenue Coral Gables, Florida 33134		7. Name and Address of New Registered Agent Name: SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable): 1840 Southwest 22 Street 4th Floor City: Miami FL Zip Code: 33145	
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. Spiegel & Utrera, P.A. SIGNATURE <i>Natalia Utrera</i> Natalia Utrera, Vice President (NOTE: Registered Agent signature required when reinstating) DATE October 8, 2001			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / Director <input type="checkbox"/> Delete BONITA CARROLL 9999 SummerBreeze Drive, Apt. 602 SUNRISE, FL. 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NUGH CARROLL 9999 SummerBreeze Drive Apt. 602 SUNRISE, FL. 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT / Director <input checked="" type="checkbox"/> Delete Shanell Kates 9999 SummerBreeze Drive, Apt. 602 SUNRISE, FL. 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004641823-9 <input type="checkbox"/> Change <input type="checkbox"/> Addition -10/18/01--01055--016 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Director <input type="checkbox"/> Delete Carolyn Carroll 9999 SummerBreeze Drive Apt. 602 SUNRISE, FL. 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 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: *Bonita Carroll* / **Bonita CARROLL** 10/07/01 (954) 578-7488
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
01 OCT 15 AM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE