

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90328 032 \*\*\*\*70.00

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04292006 Chg-NP CR2E037 (4/06)

<b>DOCUMENT # N99000006473</b> 1. Entity Name <b>BOOK SOURCE 4 KIDS, INC.</b>					
Principal Place of Business <b>10511 OTTER CREEK DR JACKSONVILLE, FL 32222</b>			Mailing Address <b>P. O. BOX 2403 JACKSONVILLE, FL 32203-2403</b>		
2. Principal Place of Business <b>10860 Jessica Ash Drive</b> Suite, Apt. #, etc. <b>Jacksonville</b> City & State <b>Florida</b> Zip <b>32218</b>		3. Mailing Address <b>P.O. Box 2403</b> Suite, Apt. #, etc. <b>Jacksonville</b> City & State <b>Florida</b> Zip <b>32203</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>59-3608843</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MOSES, BURLEAN 10511 OTTER CREEK DR JACKSONVILLE, FL 32222</b>			7. Name and Address of New Registered Agent Name <b>Daniel Moses</b> Street Address (P.O. Box Number is Not Acceptable) <b>10860 Jessica Ash Drive</b> <b>Jacksonville, FL 32218</b> City <b>FL</b> Zip Code		
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 <u><i>Daniel Moses</i></u> <b>DANIEL MOSES</b> <u>April 29, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSES, BURLEAN S 10511 OTTER CREEK DR JACKSONVILLE, FL 32222	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President DANIEL MOSES 10860 Jessica Ash Drive JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOSES, DANIEL 10511 OTTER CREEK DR JACKSONVILLE, FL 32222	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer BRIAN MOSES 10860 Jessica Ash Dr JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFORD, PAMELA 1024 TERRY TOWN LANE WEST COLUMBIA, SC 29170	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Letitia FLANDERS Rebault High School JACKSONVILLE, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEYWARD, ROWLAND 2549 TERRACE TRAIL DECATUR, GA 30035	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Letitia FLANDERS Rebault High School JACKSONVILLE, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TETLIS, HAROLD FATHER PO BOX 1607 ALICE, TX 78333	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Letitia FLANDERS Rebault High School JACKSONVILLE, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TETLIS, HAROLD FATHER PO BOX 1607 ALICE, TX 78333	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Letitia FLANDERS Rebault High School JACKSONVILLE, FL 32207	<input type="checkbox"/> Change <input checked="" 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 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: <u><i>Daniel Moses</i></u> <b>DANIEL MOSES, President</b> <u>April 29, 2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					