2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N9900006473

BOOK SOURCE 4 KIDS, INC.

FILED Apr 02, 2008 08:00 AN Secretary of State

Principal Place of Business

10860 JESSICA ASH DR JACKSONVILLE, FL 32218 Mailing Address

PO BOX 2403

JACKSONVILLE, FL 32203



03082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3608843

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MOSES, DANIEL 10860 JESSICA ASH DR JACKSONVILLE, FL 32218

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the tions of registered agent.	purpose of changing its registere	d office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstalling)			. DATE
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	U00000878396
10.	OFFICERS AND DIRE	CTORS		1 04/14/08-80054-008 61.25
NAME STREET ADDRESS CITY-ST-ZIP	P MOSES, DANIEL 10860 JESSICA ASH DR JACKSONVILLE, FL 32218	,		

TITLE ' NAME ' MOSES, BRIAN STREET ADDRESS 10860 JESSICA ASH DR CITY-ST-ZIP JACKSONVILLE, FL 32218 TITLE D NAME ALFORD, PAMELA STREET ADDRESS 1024 TERRY TOWN LANE CITY-ST-ZIP WEST COLUMBIA, SC 29170 TITLE NAME HEYWARD, ROWLAND STREET ADORESS 2549 TERRACE TRAIL CITY-ST-ZIP DECATUR, GA 30035 TITLE ВМ NAME FLANDERS, LATITIA STREET ADDRESS REBARLT HIGH SCHOOL CJTY-ST-ZIP JACKSONVILLE, FL 32207 NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 10,08

Daytime Phone #