

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108793

Entity Name: TAI CHI FOR KIDS, INC.

FILED  
Jan 11, 2009  
Secretary of State

## Current Principal Place of Business:

%DIANE NOLLER WELLS , ESQ  
540 BILTMORE WAY  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

## Current Mailing Address:

DEVINE GOODMAN PALLOT WELLS  
540 BILTMORE WAY  
CORAL GABLES, FL 33134 US

## New Mailing Address:

100 N 8TH STREET #29  
ASPEN, CO 81611 US

FEI Number: 20-0272915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHURMAN, CAROLYN T  
%DIANE WELLS ESQ  
540 BILTMORE WAY  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

SHURMAN, CAROLYN T CARI SH  
%DIANE WELLS ESQ  
540 BILTMORE WAY  
CORAL GABLES, FL 33134 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: CARI SHURMAN

01/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: SHURMAN, CAROLYN  
Address: 540 BILTMORE WAY  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SHURMAN, CAROLYN T  
Address: 100 N 8TH STREET #29  
City-St-Zip: ASPEN, CO 81611 US

Title: VP ( ) Change (X) Addition  
Name: SHURMAN, JOHN L  
Address: 100 N 8TH STREET #29  
City-St-Zip: ASPEN, CO 81611

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN SHURMAN

PRES

01/11/2009

Electronic Signature of Signing Officer or Director

Date