2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# P04000020976

Entity Name: KIDS THERAPY, INC.

Current Principal Place of Business:

2189 S. KIRKMAN RD # 256
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

6915 LAKE DR
APT D
DUBLIN, CA 94568

New Mailing Address:

FEI Number: 20-0673639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORPORATE USA /INC
3150 SANDY RIDDE DR
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PEREIRA, LEILA S
Address: 2189 S. KIRKMAN RD # 256
City-St-Zip: ORLANDO, FL 32811

Title: STD ( ) Delete
Name: SULTAN, AAMIR
Address: 2189 S. KIRKMAN RD # 256
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LEILA PEREIRA PD 04/21/2008

Electronic Signature of Signing Officer or Director Date