

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000029680

Entity Name: KIDPRO THERAPIES, INC.

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10702 SW ELSINORE DRIVE  
PORT SAINT LUCIE, FL 34987 US

**New Principal Place of Business:**

**Current Mailing Address:**

10702 SW ELSINORE DRIVE  
PORT SAINT LUCIE, FL 34987 US

**New Mailing Address:**

FEI Number: 51-0497902

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRISCILLA THOMASEVICH, CPA, INC.  
8461 LAKE WORTH RD  
LAKE WORTH, FL 33467 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILD, JENNIFER  
Address: 10702 SW ELSINORE DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34987

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER WILD

P

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date