

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011165

Entity Name: THERAPIES 4 KIDS, INC.

FILED  
Mar 23, 2009  
Secretary of State

**Current Principal Place of Business:**

4001 OCEAN DRIVE  
305  
LAUDERDALE BY THE SEA, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

4001 OCEAN DRIVE  
SUITE 305  
LAUDERDALE BY THE SEA, FL 33308 US

**New Mailing Address:**

4001 OCEAN DRIVE  
305  
LAUDERDALE BY THE SEA, FL 33308 US

FEI Number: 20-2288131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DE OLIVEIRA, EILEEN  
4001 OCEAN DRIVE, SUITE 305  
LAUDERDALE BY THE SEA, FL 33308 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: P ( ) Delete  
Name: DE OLIVEIRA, EILEEN  
Address: 4001 OCEAN DRIVE  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: EILEEN DE OLIVEIRA

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date