2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000063639

1. Entity Name

MESSIANIC KIDS, INC.

Principal Place of Business

2681 47TH TERRACE SW

NAPLES, FL 34116



Mailing Address

2681 47TH TERRACE SW NAPLES, FL 34116

FILED Jan 25, 2008 8:00 am Secretary of State

01-25-2008 90031 023 ***150.00



DO NOT WRITE IN THIS SPACE

01112008 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-4851766

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its regist	ered office or registered age	ent, or both, in the Sta	ate of Florida. I am fa	imiliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registe	ered Agent signature required when re	instating)	DATE	
		Election Campaign Fin Trust Fund Contribution		ay Be ees		
10.	OFFICERS AND DIREC	CTORS	性 計 粉末物糖的	74	A	\$ 1 to 18 parks
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAY, EDWARD J 2681 47 TH TERRACE SW NAPLES, FL 34116					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAY, JULIE A 2681 47 TH TERRACE SW NAPLES, FL 34116					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ng days to management	DO NOT	WRITE	
TITLE NAME STREET ADORESS CITY-ST-ZIP		***		IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS				and an	emper en	

12. I hereby certify that the information supplied with this filing 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 607, 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/08

Daytime Phone #