2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40179

Entity Name: THE KIND FOUNDATION, INC.

FILED Apr 27, 2005 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
|---|---|---|------------|--|--|-------------------|--------------------|
| 11911 US HIGHWAY 1 | | | | 4360 NORTHLAKE BLVD. #110 | | | |
| #201 N PALM BEACH, FL 33408 US | | | | PALM BEACH GARDENS, FL 33410 US | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| | ERIDAN ET MEADOW L LM BEACH, FL | | | | | | |
| FEI Number: | 33-0236813 | FEI Number Applied For () | FEI Num | ber Not Appl | icable () | Certificate of St | atus Desired () |
| Name and | Address of C | urrent Registered Agent: | | Name and | Address of N | ew Registere | d Agent: |
| 8527 EGRI WEST PAL | N, BARBARA ET MEADOW I LM BEACH, FL | | urnose of | - changing i | ts registered o | ffice or register | red agent or both |
| | of Florida. | domino uno otatementi or the pr | ui pose oi | onanging i | io regiotered o | moe or regioter | ed agent, or both, |
| SIGNATUR | | | | | | | |
| Electronic Signature of Registered Agent | | | | | | Date | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | SHERIDAN, PAU 8527 EGRET MI | | | Title: Name: Address: City-St-Zip: | () | Change () Addit | ion |
| Title: Name: Address: City-St-Zip: | SCHROEDER, N 1923 PORTAGE | Delete IADINE LANDING SOUTH EACH, FL 33408 | | Title: Name: Address: City-St-Zip: | VPD (X) SCHROEDER, I 107 WEOMI LA JUPITER, FL 3 | NE | tion |
| Title: Name: Address: City-St-Zip: | D () DONALD, NOVE 261 GRANADA I WEST PALM BE | ROAD | | Title: Name: Address: City-St-Zip: | DONALD, NOVE 106 FLAGLER I | | tion |
| Title: Name: Address: City-St-Zip: | VANDERSTRAE 11911 US HWY | Delete TEN, CAROL ONE SUITE 201 EACH, FL 33408 | | Title: Name: Address: City-St-Zip: | () | Change () Addit | ion |
| Title: Name: Address: City-St-Zip: | JACUPKE, JOHI 206 EAGLETON | | | Title: Name: Address: City-St-Zip: | () | Change () Addit | ion |
| Title: Name: Address: City-St-Zip: | SOVIE, DONALI 28022 CAMINOI | | | Title: Name: Address: City-St-Zip: | SOVIE, DONALI 28022 CAMINO | | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL R. SHERIDAN PRES 04/27/2005