

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043310

FILED
Apr 29, 2006
Secretary of State

Entity Name: KID-PRO THERAPY SERVICES, INC.

Current Principal Place of Business:

16546 N. DALE MABRY
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

13611 WATERFALL WAY
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 59-3525444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, LORRAINE
13611 WATERFALL WAY
TAMPA, FL 33624 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: D () Delete
Name: JONES, LORRAINE
Address: 13611 WATERFALL WAY
City-St-Zip: TAMPA, FL 33624

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 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: LORRAINE JONES

PRES

04/29/2006

Electronic Signature of Signing Officer or Director

Date