

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # S48892

1. Entity Name

KIDS COUNT (PALM BEACH), INC.



Principal Place of Business

5080 PONDEROSA LANE
WEST PALM BEACH FL 33415
US

Mailing Address

5080 PONDEROSA LANE
WEST PALM BEACH FL 33415
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-0299966

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITTLE-JOHN, BLAIR
5080 PONDEROSA LANE
WEST PALM BEACH FL 33415

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME THOMPSON, LYNDA
STREET ADDRESS 93 WIMBLETON ROAD
CITY-ST-ZIP ISLINGTON, ONT CA m9-a354

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS 100000428380
CITY-ST-ZIP 02/21/06-80045-006 150.00

TITLE DS ☐ Delete
NAME THOMPSON, MICHAEL
STREET ADDRESS 93 WIMBLETON ROAD
CITY-ST-ZIP ISLINGTON, ONT. CA m9-a354

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Lynda M. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNDA M. THOMPSON

Date

02-08-06

Daytime Phone #

561-683-7424