

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 04, 2009
Secretary of State**

DOCUMENT# N02000001306

Entity Name: KIDCOM, INC.

Current Principal Place of Business:

503 U.S. HIGHWAY 41 SOUTH
RUSKIN, FL

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 7696
SUN CITY, FL 33586

New Mailing Address:

FEI Number: 01-0657873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERWOOD, THOMAS J ESQ.
3034 STATE ROAD 674
RUSKIN, FL 33570 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAYDEN, THOMAS P
Address: POST OFFICE BOX 7696
City-St-Zip: SUN CITY, FL 33586

Title: D () Delete
Name: FUENTES, MIGUEL
Address: 1221 BARMERE LANE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: SMITH, MAUREEN SISTER
Address: POST OFFICE BOX 1252
City-St-Zip: WIMAUMA, FL 33598

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS P HAYDEN

D

04/04/2009

Electronic Signature of Signing Officer or Director

_____ Date