


2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90062 004 \*\*\*\*61.25

<b>DOCUMENT # N99000004861</b>					
<b>1. Entity Name</b> CITY KIDS ART FACTORY, INC.					
<b>Principal Place of Business</b> 1801 N MYRTLE AVE JACKSONVILLE, FL 32209			<b>Mailing Address</b> 3832-010 BAY MEADOWS ROAD PMB 370 JACKSONVILLE, FL 32217		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3638295	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  OWENS, GREGORY 4873 JAYBIRD CIRCLE, N JACKSONVILLE, FL 32257			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> RODRIGUEZ, ELIZABETH 5351 TROUT RIVER BLVD JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> OWENS, GREGORY 4873 JAYBIRD CIRCLE N JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> DAVIS, SR, JAMES 599 ALHAMBRA LANE N PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> TAYLOR-SCALES, MADELINE 7047 CYPRESS BRIDGE DR S PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> STEWART, ROWENA 1801 N MYRTLE AVE PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> KNOWLES, BERDALL 21 W CHURCH ST JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> Rowena Stewart 3832-010 Baymeadows Rd, Ste 370 Jacksonville, FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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 617, 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.</b>					
<b>SIGNATURE:</b> <u>Gregory Owens</u> <span style="float: right;">4/1/08 (904) 755-2523</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					