## 2004 FOR PROFIT CORPORA ANNUAL REPORT

	FILED
TION	Apr 16, 2004 8:00 am Secretary of State
STHE STO	04-16-2004 90109 049 ***150.00

**DOCUMENT # P02000009321** FOUR KIDS COMPANY 24044604 Principal Place of Business Mailing Address 33376 ROWNTREE DRIVE 33376 ROWNTREE DRIVE DADE CITY, FL 33523 DADE CITY, FL 33523 2. Principal Place of Business 3. Mailing Address PO Box 1203 5101 Wesley Road Suite, Apt. #, etc. - - Suite, Apt. #, etc: --04092004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State Zellwood, FL 75-2972578 Plymouth, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32798 32798 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LYNCH, GREGG A Street Address (P.O. Box Number is Not Acceptable) 14144 SIXTH STREET DADE CITY, FL 33525 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Ba FILE NOW!!! -FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D ☐ Delete TITLE **K** Change ☐ Addition NAME DAI, XIAO QIONG NAME 5101 Wesley Road 33376 ROWNTREE DRIVE STREET ADDRESS STREET ADDRESS Zellwood, FL 32798 CITY-ST-ZIP DADE CITY, FL 33523 CITY-ST-ZIP n ☐ Delete TITLE **K** Change ☐ Addition TU, HONG NAME NAME 5101 Wesley Road STREET ADDRESS 33376 ROWNTREE DRIVE STREET ADDRESS Zellwood, FL 32798 CITY-S1-ZIP DADE CITY, FL 33523 CITY-ST-ZIP TITLE ☐ Delete TITI.E ☐ Change Addition-Secretary NAME NAME Xiao Fu Dai STREET ADDRESS STREET ADDRESS 11051 Watson Road CITY-ST-ZIP CITY-ST-7(P Dade City, FL 33525 Addition TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP--TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under eath; 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 offer like empowered.

SIGNATURE: