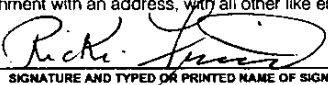


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90001 048 ***158.75

DOCUMENT # P03000072636 1. Entity Name KID PIX, INC.					
Principal Place of Business 11103 S.W. 132 CT. APT. 3 MIAMI, FL 33186 US			Mailing Address 11103 S.W. 132 CT. APT. 3 MIAMI, FL 33186 US		
2. Principal Place of Business 13027 SW 88 ST		3. Mailing Address 13027 SW 88 ST			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI		City & State MIAMI		4. FEI Number 20-0317201	
Zip 33186		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FRIEDMAN, RICKI 11103 S.W. 132 CT., APT. 3 MIAMI, FL 33186 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARROLL, ILISA 11103 S.W. 132 CT., APT. 3 MIAMI, FL 33186 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA CARROLL, ILISA 11103 S.W. 132 CT., APT. 3 MIAMI, FL 33186 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CARROLL, ILISA 11103 S.W. 132 CT., APT. 3 MIAMI, FL 33186 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 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: 			7/5/06 305 980-8543		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50021729



07052006 Chg-P CR2E034 (11/05)

4. FEI Number **20-0317201** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 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.

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**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

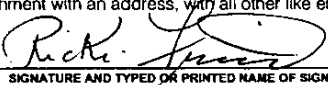
TITLE	PRES	☐ Delete
NAME	FRIEDMAN, RICKI	
STREET ADDRESS	11103 S.W. 132 CT., APT. 3	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VP	☐ Delete
NAME	CARROLL, ILISA	
STREET ADDRESS	11103 S.W. 132 CT., APT. 3	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	TREA	☐ Delete
NAME	CARROLL, ILISA	
STREET ADDRESS	11103 S.W. 132 CT., APT. 3	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	SEC	☐ Delete
NAME	CARROLL, ILISA	
STREET ADDRESS	11103 S.W. 132 CT., APT. 3	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/06 305 980-8543
Date Daytime Phone #