


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90024 010 ***150.00

DOCUMENT # P05000009584
 1. Entity Name
 KIDS-N-SCIENCE EDUCATIONAL TOY STORE, INC.



40056441



Principal Place of Business Mailing Address
 722 N CRESCENT DRIVE 722 N CRESCENT DRIVE
 HOLLYWOOD, FL 33021 US HOLLYWOOD, FL 33021 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 2000 Harrison Street
 Suite, Apt. #, etc. #04
 City & State City & State

04032007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 20-2189649 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MACKENZIE, DONALD J
 722 N CRESCENT DRIVE
 HOLLYWOOD, FL 33021

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 _____

9. Election Campaign Financing \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKENZIE, DONALD J 722 N CRESCENT DRIVE HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP APPELT, MONICA E 722 N CRESCENT DRIVE HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MONICA APPELT 4/7/2007 954-9274700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #