FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 MAY -1 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P95000045284

1. Corporation Name
KALENDAR KIDS Inc.

Principal Place of Business
1402 KEENE LAKE CT.
LUTZ, FLA. 33549

Mailing Address
P.O. BOX 270967
TAMPA, FL.
33688-0967

3. Date Incorporated or Qualified: 6/6/95

3a. Date of Last Report: 1st report

2. Principal Place of Business
21 1402 KEENE LAKE CT.
22 Suite, Apt #, etc.
23 City & State: LUTZ FL
24 Zip: 33549
25 Country: HillsBoro

2a. Mailing Address
26 ~~P.O. Box 270967~~ 1402 KEENE LK
27 Suite, Apt #, etc.
28 City & State: ~~TAMPA, FLA~~ LUTZ, FLA.
29 Zip: ~~33688-0967~~ 33549
30 Country: HillsBorough

4. FEI Number: 59-3324882 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
~~DIANE B. GARCIA, PRESIDENT~~
~~1402 KEENE LAKE CT.~~
~~LUTZ, FLA. 33549~~

10. Name and Address of New Registered Agent
81 Name: ALBERT M. SALEM III
82 Street Address (P.O. Box Number is Not Acceptable): 4600 W Kennedy BLVD
83
84 City: TAMPA FL
85 Zip Code: 33604

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Diane B Garcia, President — 4/29/96
Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when registering) — DATE

12. OFFICERS AND DIRECTORS

TITLE	SECRETARY, V.P. DIRECTOR ☒ DELETE
NAME	LYNN M. DROBISCH
STREET ADDRESS	9232 VIA SEGOVIA
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, VICE PRES, SECRETARY, DIRECTOR ☒ Change ☒ Addition
1.2 NAME	DIANE B. GARCIA
1.3 STREET ADDRESS	1402 KEENE LAKE
1.4 CITY-ST-ZIP	LUTZ, FLORIDA 33549
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

DM 6/24

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane B Garcia — 4/29/96 — 813-949-5901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)