


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006031 1. Entity Name KIDD INTERNATIONAL HOME CARE, INCORPORATED	
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Principal Place of Business 6856 EASTERN AVENUE, NW WASHINGTON, DC 20012	Mailing Address 6856 EASTERN AVENUE, NW WASHINGTON, DC 20012
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02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1918784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTC KIDD, MICHAEL L 1416 RHODE ISLAND AVENUE, NW WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSVC KIDD, MIKEYLA J 3581 LAUREL VIEW COURT LAUREL, MD 20724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELOATCH, VALARIE B P.O. BOX 62 GERRARDSTOWN, WV 25420
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOVETT, LEWIST 7316 FINNS LANE LANHAM, MD 20706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000244572
02/26/05-80025-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 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:  **02/18/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #