

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001932

FILED
Jan 17, 2007
Secretary of State

Entity Name: KIDS COINS PRODUCTIONS, INC.

Current Principal Place of Business:

208 STERLING SPRINGS LANE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

208 STERLING SPRINGS LANE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 30-0256953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LACROIX, JANET
208 STERLING SPRINGS LANE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: LACROIX, JANET
Address: 208 STERLING SPRINGS LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VCS () Delete
Name: LACROIX, GARY
Address: 208 STERLING SPRINGS LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: CP () Delete
Name: ASCIONE, ANGELO R JR
Address: 912 N CEDAR
City-St-Zip: KALKASKA, MI 49646

Title: T () Delete
Name: ASCIONE, JANICE
Address: 912 N CEDAR
City-St-Zip: KALKASKA, MI 49646

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LACROIX, JANET
Address: 208 STERLING SPRINGS LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SEC (X) Change () Addition
Name: LACROIX, GARY
Address: 208 STERLING SPRINGS LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Change () Addition
Name: ASCIONE, ANGELO R JR
Address: 912 N CEDAR
City-St-Zip: KALKASKA, MI 49646

Title: TREA (X) Change () Addition
Name: ASCIONE, JANICE
Address: 912 N CEDAR
City-St-Zip: KALKASKA, MI 49646

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET LACROIX

_____ Electronic Signature of Signing Officer or Director

PRES

01/17/2007

_____ Date