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# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000003508

1. Entity Name
KIDINME CORPORATION

FILED
07 MAY -1 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04302007 Chg-P CR2E034 (12/06)

| Principal Place of Business | Mailing Address |
|---|---|
| % SHERIN AND LODGEN LLP<br>101 FEDERAL STREET, 30TH FLOOR<br>BOSTON, MA 02110 | % SHERIN AND LODGEN LLP<br>101 FEDERAL STREET, 30TH FLOOR<br>BOSTON, MA 02110 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 20-4124807 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CHRM<br>WOBBE, RUSSEL<br>SAXONWALD JOHANNESBURG 2132<br>SOUTH AFRICA, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CHRM<br>WOBBE, RUSSEL<br>POSTNET SUITE 393, PRIVATE BAG X033<br>RIVONIA, 2121, SOUTH AFRICA | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PT<br>WOBBE, RUSSEL<br>SAXONWALD JOHANNESBURG 2132<br>SOUTH AFRICA, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PT<br>WOBBE, RUSSEL<br>POSTNET SUITE 393, PRIVATE BAG X033<br>RIVONIA, 2121, SOUTH AFRICA | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BUCHMAN, GARY<br>1364 COMMONWEALTH AVENUE<br>NEWTON, MA 02158 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BUCHMAN, GARY<br>C/O SHERIN AND LODGEN LLP, 101 FEDERAL STREET<br>BOSTON, MA 02110 | ☒ 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 | 800100508318 | ☐ 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:** Gary Buchman, ~~Secretary~~ Director 4/30/2007 617-646-2204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gary Buchman

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CSC.

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 875237 4306245

AUTHORIZATION :

COST LIMIT : $ 150.00

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ORDER DATE : April 30, 2007

ORDER TIME : 11:31 AM

ORDER NO. : 875237-005

CUSTOMER NO: 4306245

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 MAY -1 PM 12:49
ACKNOWLEDGE
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: KIDINME CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#2914

EXAMINER'S INITIALS: _____