## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000004980

Entity Name: KIDS ZONE, U.S.A. INC.

Address:

City-St-Zip:

FILED Apr 03, 2008 Secretary of State

Entity Nar	ne: KIDSZO	NE, U.S.A. INC.				
Current Principal Place of Business:				New Principal Place of Business:		
3101 SW 34TH AVE., #905, UNIT 273 OCALA, FL 34474			22669 UNIVERSITY DRIVE FORT LAUDERDALE, FL 33325			
Current M	ailing Addre	ss:	New Mailing Address:			
3101 SW 34TH AVE., #905, UNIT 273 OCALA, FL 34474			22669 UNIVERSITY DRIVE FORT LAUDERDALE, FL 33325			
FEI Number:	26-5595631	FEI Number Applied For ( )	FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name an	Name and Address of New Registered Agent:		
MORGAN, 3101 SW 3 OCALA, FI	84TH AVE., #9		22669 UN	MORGAN, ANNIE 22669 UNIVERSITY DRIVE FT LAUDERDALE, FL 33325 US		
	named entity of Florida.	submits this statement for the	purpose of changing	its registered offi	ce or registered agent, or bot	h,
SIGNATURE: ANNIE MORGAN				04/03/2008		
	Electro	nic Signature of Registered Ac	jent		Date	_
OFFICERS	S AND DIREC	TORS:	ADDITIO	NS/CHANGES T	O OFFICERS AND DIRECTO	ORS
Title: Name: Address: City-St-Zip:	C (X TEANWEST, F 5075 E 34TH A OCALA, FL 34	VENUE	Title: Name: Address: City-St-Zip:	()C	hange ()Addition	
Title: Name: Address: City-St-Zip:	VC (X MURRAY, CAR 617 NE 25TH A OCALA, FL 34	AVE.	Title: Name: Address: City-St-Zip:	()C	hange ( ) Addition	
Title: Name: Address: City-St-Zip:	D (X PILGRAM, ALE 1606 NE 22ND OCALA, FL 34	AVE	Title: Name: Address: City-St-Zip:	()C	hange()Addition	
Title:	(	) Delete	Title:	C ()C	hange (X) Addition	

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ANNIE MORGAN C 04/03/2008

22669 UNIVERSITY DRIVE

FORT LAUDERDALE, FL 33325