2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005388

Entity Name: H.I.S. K.I.D.S. INCORPORATED

FILED Mar 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P O BOX 412 N/A

HIGHLAND, IL 62249 US

Current Mailing Address: New Mailing Address:

1620 STELLA DR 5389 DAVINI ST. SARASOTA, FL 34231 SARASOTA, FL 34238

FEI Number: 37-1170527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILES, JAMES H III 1620 STELLA DR SARASOTA, FL 34231

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:

Flatonia Cianalana (Flatina de Anast

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 KONK, ROBERT
 Name:
 KONK, ROBERT

 Address:
 2210 BROADWAY
 Address:
 12901 ANDREW DR.

 City-St-Zip:
 HIGHLAND, IL 62249
 City-St-Zip:
 HIGHLAND, IL 62249

 Title:
 DPT () Delete
 Title:
 DPT (X) Change () Addition

 Name:
 MILES, JAMES H III
 Name:
 MILES, JAMES H III

 Address:
 1620 STELLA DR
 Address:
 5389 DAVINI ST.

 City-St-Zip:
 SARASOTA, FL
 City-St-Zip:
 SARASOTA, FL 34238

Title: DVS () Delete Title: DVS (X) Change () Addition

 Name:
 MILES, CONNIE L
 Name:
 MILES, CONNIE L

 Address:
 1620 STELLA DR
 Address:
 5389 DAVINI ST.

 City-St-Zip:
 SARASOTA, FL
 City-St-Zip:
 SARASOTA, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JAMES H. MILES 111 PRES 03/30/2005