PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90184 004 ***150.00

DOCUMENT	#	K44022
4. Corporation Name		

12603 LAKE HILLS DR. RIVERVIEW FL 33569

KID'S KINGDOM, INC.

Principal Place of Business	Mailing Address			
12603 LAKE HILLS DRIVE RIVERVIEW FI. 33569	12603 LAKE HILLS DRIV RIVERVIEW FL 33569	E	DO NOT WRITE IN THIS	SPAC
			3. Date Incorporated or Qualifed 11/08/1988	
2. Principal Place of Business	2a. Mailing Address		4. FE! Number 59-2911876	
Suite, Ap . #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8 .
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5 Ad
Zip Country 24 25	Zip 29	Country 30	This corporation owes the current year In Personal Property Tax.	tangible
	of Current Registered Agent		10. Name and Address of New Registered	Agent
AKHTER, YOUSUF		81 Name		

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

		Personal Property Tax.	□Y	es	□lNo	
		10. Name and Address of New Registerec	Agen	t		
1	Name					
2	Street Ad	ress (P.O. Box Number is Not Acceptable)				
3						
4	City	FI	85	Zip	Code	

11. Pursuant to the provisions of Set tions 607.0502 and 607.1508, Florida Statutis, the above-named convoration submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE Re	egistered Agent signature requir so	d when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIO 4S/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME.	AKHTER, YOUSUF		1.2 NAME			
STREET ADDRES	12603 LAKE HILLS DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	riverview fl		1.4 CiTY-ST-ZiP			
TITLE	DST	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	AKHTER, TANZEEM		2.2 NAME			'
STREET ADDRES 3	12603 LAKE HILLS DRIVE		2.3 STREET ADDRÉSS			
CITY-ST-ZIP	RIVERVIEW FL		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRES 3			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4 4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE:(,', ;	· .	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	_		6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made uncer oath; that I am an officer or director of the corporation or the receive for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachnish with address, with all other like empowered.

SIGNATURE: _