2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# K83333

Entity Name: KID E PATCH, INC.

Current Principal Place of Business:

813 N LAKEMONT AVE
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

813 N LAKEMONT AVE
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 59-2944230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARBERS, LISA D
104 ROSE BRIAR DR
LONGWOOD, FL 32750 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: DPT ( ) Delete
Name: GARBERS, L D
Address: 104 ROSE BRIAR DR
City-St-Zip: LONGWOOD, FL 32750

Title: O ( ) Delete
Name: SORRENTINO, STEPHANIE
Address: 685 YOUNGSTOWN PARKWAY #301
City-St-Zip: ALT SPRINGS, FL 32714

Title: S ( ) Delete
Name: HALL, TORI
Address: 232 SPRINGS COLONY CIRCLE, APARTMENT 132
City-St-Zip: ALT SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change ( ) Addition
Name: SORRENTINO, STEPHANIE C
Address: 685 YOUNGSTOWN PARKWAY #301
City-St-Zip: ALT SPRINGS, FL 32714

Title: S (X) Change ( ) Addition
Name: GARBERS, LISA D
Address: 104 ROSE BRIAR DR
City-St-Zip: LONGWOOD, FL 32750

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: LISA GARBERS DPT 04/11/2007

Electronic Signature of Signing Officer or Director Date