


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # K91645 1. Entity Name ADORABLE KIDS, INC.		
Principal Place of Business 799-6 BLANDING BLVD ORANGE PARK, FL 32065 US		Mailing Address 799-6 BLANDING BLVD ORANGE PARK, FL 32065 US
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent STRICKLAND, JOY V. 799-6 BLANDING BLVD ORANGE PARK, FL 32065		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRICKLAND, JOY V. 58 HARMONY HALL ROAD MIDDLEBURG, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STRICKLAND, LINDA 58 HARMONEY HALL RD. MIDDLEBURG, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STRICKLAND, WM R. 58 HARMONY ROAD MIDDLEBURG, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Joy V Strickland</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/21/05</u> <u>904-264-63</u> <small>Date Daytime Phone #</small>



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3015958	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000342344
04/29/05-80053-005 150.00

**DO NOT WRITE
IN THIS SPACE**