
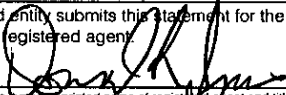
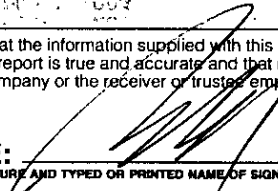


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90067 049 ****50.00

DOCUMENT # L01000009747 1. Entity Name KIDWEB, L.L.C.			
Principal Place of Business 24850 OLD U.S. 41 RD 23 BONITA SPRINGS, FL 34135		Mailing Address 24850 OLD U.S. 41 RD 23 BONITA SPRINGS, FL 34135	
2. Principal Place of Business 10621 Airport Pulling Rd. N. Suite, Apt. #, etc. Suite #3		3. Mailing Address 10621 Airport Pulling Rd. N. Suite, Apt. #, etc. Suite #3	
City & State Naples, FL.		City & State Naples, FL.	
Zip 34109	Country U.S.A.	Zip 34109	Country U.S.A.
6. Name and Address of Current Registered Agent MCCAFFREY, JUDITH E 5811 PELICAN BAY BLVD STE 206-A NAPLES, FL 34108		7. Name and Address of New Registered Agent Name Don Innis Street Address (P.O. Box Number is Not Acceptable) 10621 Airport Pulling Rd. N, Suite 3 City Naples FL Zip Code 34109	
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  DATE 4/23/04 <small>Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. STELLAR BUSINESS BUILDERS LLC 24850 OLD US 41 ROAD #23 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10621 Airport Pulling Rd. N, Suite 3 Naples, FL. 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date 4/23/04	Daytime Phone # 239-596-8655