

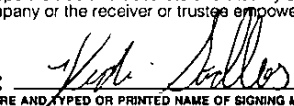


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90028 002 ****50.00

DOCUMENT # L02000004991 1. Entity Name KREATIONS FOR KIDZ, L.C.																													
Principal Place of Business 252 W. MARION AVE. PUNTA GORDA, FL 33950			Mailing Address C/O JACK O. HACKETT II POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33951-1447																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 99 NESBIT STREET		<div style="font-size: 24px; font-weight: bold;">20056649</div>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 04272005 Chg-LLC CR2E083 (10/03) </div>																									
City & State Zip Country		City & State PUNTA GORDA, FL Zip Country 33950 US																											
4. FEI Number NOT APPLICABLE		Applied For Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent HACKETT, JACK O II, ESQ FARR, FARR, EMERICH, SIFRIT, HACKETT & CAR 99 NESBIT STREET PUNTA GORDA, FL 33950																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ <small>Signature, typed 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, 2005		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GADBOIS, HEIDI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>252 W. MARION AVE.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PUNTA GORDA, FL 33950</td> <td></td> </tr> </table>		TITLE	MGR			<input type="checkbox"/> Delete	NAME	GADBOIS, HEIDI		STREET ADDRESS	252 W. MARION AVE.		CITY - ST - ZIP	PUNTA GORDA, FL 33950		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: 4-27-05																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE HEIDI GADBOIS, MANAGER																													