2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000016875

1. Entity Name

KIDS KIDS KIDS QUALITY CRAFT FURNITURE, LLC



FILED Feb 22, 2007 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

622 WALKER STREET HOLLY HILL, FL 32117 622 WALKER STREET HOLLY HILL, FL 32117



02072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2314353

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ABDOO, SALLY 622 WALKER STREET HOLLY HILL, FL 32117

TITLE

STREET ADDRESS
CITY-ST-ZIP

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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.	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
FI	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABDOO, SALLY 628 WALKER ST HOLLY HILL, FL 32117			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000643487 03/02/07-80004-007 50.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN		
TITLE NAME STREET ADDRESS CITY-ST-7IP				

11. I hereby certify that the information supplied with this titing does be qualify for the exemptions contained in Chapter 119, 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 redeiver or truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OF PRINTED MAKE OF SIGNING MANAGERS OF AUTHORIZED REPRESENTATIVE

2/19/073862384566