2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000016875

1. Entity Name

KIDS KIDS KIDS QUALITY CRAFT FURNITURE, LLC



FILED Mar 19, 2008 08:00 A Secretary of State

Principal Place of Business

622 WALKER STREET HOLLY HILL, FL 32117 Mailing Address

622 WALKER STREET HOLLY HILL, FL 32117



DO NOT WRITE IN THIS SPACE

02142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For 56-2314353 Not Applicable

5. Certificate of Status Desired See Required Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

ABDOO, SALLY 622 WALKER STREET HOLLY HILL, FL 32117

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.	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

	• • •		
9. '	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABDOO, SALLY 628 WALKER ST HOLLY HILL, FL 32117		
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exiginated on this report is true and accurate and that my signature shall have the say			

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not 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 receiver or mistee exposured to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING REMISER, OR AUTHORIZED REPRESENTATIVE

March

Daytime Phone #