2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 14, 2008 8:00 am **Secretary of State DOCUMENT # L07000078258** 01-14-2008 90041 028 ***138.75 1. Entity Name CRAFTY KIDZ 'N MORE, LLC Principal Place of Business Mailing Address 12773 W. FOREST HILL BOULEVARD 13072 MEADOWBREEZE DRIVE 1203 WELLINGTON, FL 33414 US WELLINGTON, FL 33414 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 14-2005659 Not Applicable Ζip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SASKO, ADRIENNE Street Address (P.O. Box Number is Not Acceptable) C/O 12773 W. FOREST HILL BOULEVARD 1203 WELLINGTON, FL 33414 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE ☐ Addition ☐ Change ☐ Delete NAME SASKO, ADRIENNE NAME STREET ADDRESS C/O 12773 W.FOREST HILL BOULEVARD;STE 1203 STREET ADDRESS CITY-ST-78P CITY-ST-ZIP WELLINGTON, FL 33414 TÜLF ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete me ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

UND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED