

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2007 8:00 am**  
**Secretary of State**

07-27-2007 90008 042 \*\*\*150.00

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # M94309</b><br>1. Entity Name<br>FIRST CLASS KIDS, INC.   |   |   |  |  |  |
| Principal Place of Business<br>PO BOX 1110<br>WOODVILLE, FL 32362 US   |   |   | Mailing Address<br>PO BOX 1110<br>WOODVILLE, FL 32362 US |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |  |  |
| City & State   |   | City & State  |  |  |  |
| Zip  | Country   | Zip   | Country  | 4. FEI Number<br>59-2903710  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br>MCKENZIE, EVA LAVERNE<br>10223 WOODVILLE HIGHWAY<br>10223 WOODVILLE HIGHWAY<br>WOODVILLE, FL 32362  |   |   |  | 7. Name and Address of New Registered Agent<br>Name <u>Webster, Eva Laverne</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>10223 Woodville Highway</u><br>City <u>Woodville</u> FL Zip Code <u>32362</u> |  |
| 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.<br>SIGNATURE <u>Eva Laverne Webster</u> DATE <u>7/03/07</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 14, 2007</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DPST <input type="checkbox"/> Delete<br>MCKENZIE, LAVERNE<br>P.O. BOX 1110<br>WOODVILLE, FL 32362 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Webster, Laverne<br>P.O. Box 1110<br>Woodville FL 32362   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |   |  |  |  |
| SIGNATURE: <u>Eva Laverne Webster</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | Date <u>7/03/07</u> Daytime Phone # <u>850 421-5433</u>  |  |  |