


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000000841	
<b>1. Entity Name</b> KID FOCUS, INC.	

<b>Principal Place of Business</b> 5920 ALMOND TER. PLANTATION, FL 33317	<b>Mailing Address</b> PO BOX 16936 PLANTATION, FL 33318
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02242004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0979929	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  CHOATE, GAIL 5920 ALMOND TERR. PLANTATION, FL 33318
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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 file if applicable (NOTE: Registered Agent signature required when reappointing) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> Due by May 1, 2004	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000077755</b> <b>03/05/04-80056-012 61.25</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> CHOATE, GAIL 5920 ALMOND TERR. PLANTATION, FL 33317
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> GORMLEY, IMELDA 3 WIEMES CT WATERFORD, CT 06385
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> AMPS, JAMES P.O. BOX 820231 PEMBROKE PINES, FL 33082
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> CLARK, PAMELA L 2400 E. COMMERCIAL BLVD. SUITE 820 FT. LAUDERDALE, FL 33308
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> KING, BRIAN 3325 QUAIL CLOSE POMPANO BEACH, FL 33069
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> LOWE, KIM 1811 JEFFERSON #810 HOLLYWOOD, FL 33020

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:**  **3/1/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #