

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90569 041 ****70.00

DOCUMENT # N02000000490					
1. Entity Name GOLD KIDS INC.					
Principal Place of Business 817 SOUTH L STREET LAKE WORTH, FL 33460			Mailing Address 817 SOUTH L STREET LAKE WORTH, FL 33460		
2. Principal Place of Business 807 Snowden Drive		3. Mailing Address 807 Snowden Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lake Worth, FL		City & State Lake Worth, FL		4. FEI Number 03-0440386	
Zip 33461		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLD, CRAIG M 817 SOUTH L STREET LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent Name <u>Gold, Craig M</u> Street Address (P.O. Box Number is Not Acceptable) <u>807 Snowden Drive</u> City <u>Lake Worth</u> FL Zip Code <u>33461</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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u>[Signature]</u> (same) <small>Signature, typed or printed name of registered agent and will if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> <u>4/17/04</u> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T GOLD, CRAIG 817 SOUTH L STREET LAKE WORTH, FL 33460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T TEMPLETON, ROBERT 3300 FOREST HILL BLVD. WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CAIRNES, CHARLES 1973 PGA BLVD. NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, who is all other like empowered.					
SIGNATURE: <u>[Signature]</u>		<u>4/17/04</u>		<u>(561) 541-2917</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

24055371



04172004 Chg-NP CR2E037 (10/03)