2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002347

Entity Name: KIDZ KLASSICS, INC.

FILED Jan 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1308 WASHINGTON ST. 519 NW 100 PLACE

HOLLYWOOD, FL 33019 PEMBROKE PINES, FL 33024

Current Mailing Address: New Mailing Address:

1308 WASHINGTON ST. 519 NW 100 PLACE

HOLLYWOOD, FL 33019 PEMBROKE PINES, FL 33204

FEI Number: 06-1682994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KING, MELISSA
1308 WASHINGTON ST.

KING, MELISSA
519 NW 100 PLACE

HOLLYWOOD, FL 33019 US PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: MELISSA KING 01/21/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: KING, MELISSA Name: KING, MELISSA
Address: 1308 WASHINGTON ST. Address: 519 NW 100 PLACE

City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete Title: D (X) Change () Addition Name: LEON, ALBERT Name: LEON, ALBERT

Address: 2001 ATLANTIC SHORES BLVD., #106 Address: 1672 NW 144 WAY

City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete Title: () Change () Addition

 Name:
 SPEE, ERIC
 Name:

 Address:
 10501 W. BROWARD BLVD.
 Address:

 City-St-Zip:
 PLANTATION, FL 33324
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA KING D 01/21/2005