

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002347

FILED  
Sep 02, 2006  
Secretary of State

Entity Name: KIDZ KLASSICS, INC.

**Current Principal Place of Business:**

519 NW 100 PLACE  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

519 NW 100 PLACE  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 06-1682994      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

KING, MELISSA  
519 NW 100 PLACE  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: KING, MELISSA  
Address: 519 NW 100 PLACE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D      ( ) Delete  
Name: LEON, ALBERT  
Address: 1672 NW 144 WAY  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D      ( ) Delete  
Name: SPEE, ERIC  
Address: 10501 W. BROWARD BLVD.  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 L KING

D

09/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date