
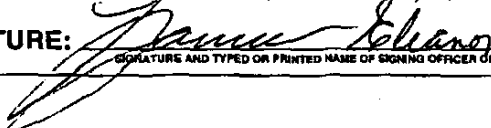


**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90038 015 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N03000004386</b>			
1. Entity Name <b>KWPD TOYS FOR TOTS, INC.</b>			
Principal Place of Business <b>1604 NORTH ROOSEVELT BLVD. KEY WEST, FL 33040</b>		Mailing Address <b>1604 NORTH ROOSEVELT BLVD. KEY WEST, FL 33040</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>BARKER, ELEANOR 1604 NORTH ROOSEVELT BLVD. KEY WEST, FL 33040</b>		4. FEI Number <b>55-0838347</b> Applied For Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name		City	
Street Address (P.O. Box Number is Not Acceptable)		Zip Code	
City		FL	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
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			
TITLE	D	<input type="checkbox"/> Delete	
NAME	ZAMORA, FRANK		
STREET ADDRESS	1604 NORTH ROOSEVELT BLVD.		
CITY-ST-ZIP	KEY WEST, FL 33040		
TITLE	D	<input type="checkbox"/> Delete	
NAME	ROLEWICZ, TIM		
STREET ADDRESS	1604 NORTH ROOSEVELT BLVD.		
CITY-ST-ZIP	KEY WEST, FL 33040		
TITLE	D	<input type="checkbox"/> Delete	
NAME	BARKER, ELEANOR		
STREET ADDRESS	1604 NORTH ROOSEVELT BLVD.		
CITY-ST-ZIP	KEY WEST, FL 33040		
TITLE	D	<input type="checkbox"/> Delete	
NAME	FISHER, KATHLEEN		
STREET ADDRESS	1604 NORTH ROOSEVELT BLVD.		
CITY-ST-ZIP	KEY WEST, FL 33040		
TITLE	D	<input type="checkbox"/> Delete	
NAME	SOLARES, SUSAN		
STREET ADDRESS	1604 NORTH ROOSEVELT BLVD.		
CITY-ST-ZIP	KEY WEST, FL 33040		
TITLE	D	<input type="checkbox"/> Delete	
NAME	VALDEZ, CHARNETTE		
STREET ADDRESS	1604 NORTH ROOSEVELT BLVD.		
CITY-ST-ZIP	KEY WEST, FL 33040		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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, with all other like empowered.			
SIGNATURE: 		02-06-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	