

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004924

FILED  
Jul 01, 2006  
Secretary of State

Entity Name: FUN 4 KIDZ, INC.

## Current Principal Place of Business:

8500 SOUTHWEST 212 STREET  
#108  
MIAMI, FL 33189

## New Principal Place of Business:

## Current Mailing Address:

8500 SOUTHWEST 212 STREET  
#108  
MIAMI, FL 33189

## New Mailing Address:

FEI Number: 20-2828866      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

POST, ANDREW B  
8500 SOUTHWEST 212TH STREET  
#108  
MIAMI, FL 33189 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,P ( ) Delete  
Name: POST, ANDREW B  
Address: 8500 SOUTHWEST 212 STREET, #108  
City-St-Zip: MIAMI, FL 33189

Title: D,VP ( ) Delete  
Name: LANDY, RUSSELL  
Address: 9864 SOUTHWEST 110TH STREET  
City-St-Zip: MIAMI, FL 33176

Title: D,TR ( ) Delete  
Name: RADER, JOSHUA  
Address: 4680 NORTHWEST 114TH AVENUE, #210  
City-St-Zip: MIAMI, FL 33178

Title: D,S ( ) Delete  
Name: BANDKLAYDER, MELISSA  
Address: 8524 SOUTHWEST 139TH TERRACE  
City-St-Zip: MIAMI, FL 33158

## 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:

Title: D,S (X) Change ( ) Addition  
Name: ETHRIDGE, MELISSA  
Address: 8816 SW 72 STREET #F134  
City-St-Zip: MIAMI, FL 33173

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: ANDREW B POST

D,P

07/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date