

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000000341

1. Entity Name
KIDS INTERNATIONAL, INC.



Principal Place of Business
2927 GANDY BLVD
TAMPA, FL 33611 US

Mailing Address
2927 GANDY BLVD
TAMPA, FL 33611 US



03132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3401795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEARY, DANIEL R.
2927 GANDY BLVD.
TAMPA, FL 33611

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	LEARY, DANIEL R	
STREET ADDRESS	2927 GANDY BLVD.	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	D	
NAME	MOLL, KATHY	
STREET ADDRESS	497 45TH AVE. NE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	
TITLE	D	
NAME	SHULTES, GAYLE A	
STREET ADDRESS	3301 58TH AVE. N. LOT 332	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000550236
05/19/06-80052-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kathy Moll **KATHY MOLL** *April 27, 2006* **813844-4181**