


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90116 015 \*\*\*\*61.25

<b>DOCUMENT # N97000000341</b> 1. Entity Name <b>KIDS INTERNATIONAL, INC.</b>			
Principal Place of Business <b>2927 GANDY BLVD</b> <b>TAMPA, FL 33611 US</b>		Mailing Address <b>2927 GANDY BLVD</b> <b>TAMPA, FL 33611 US</b>	
2. Principal Place of Business - No P.O. Box # <b>497 45th Ave NE</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 130006</b> Suite, Apt. #, etc.	
City & State <b>St. Petersburg</b> Zip <b>33703</b> Country <b>US</b>		City & State <b>Tampa, FL</b> Zip <b>33681-0006</b> Country <b>US</b>	
4. FEI Number <b>59-3401795</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEARY, DANIEL R.</b> <b>2927 GANDY BLVD.</b> <b>TAMPA, FL 33611</b>		7. Name and Address of New Registered Agent Name <b>Kathy Moll</b> Street Address (P.O. Box Number is Not Acceptable) <b>497 45th Ave.</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33703</b>	
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 <u><i>Kathy Moll</i></u> <b>KATHY MOLL</b> DATE <b>4-30-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEARY, DANIEL R 2927 GANDY BLVD. TAMPA, FL 33611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Henry I. Sharp, Jr. 2927 Gandy Blvd. Tampa, FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLL, KATHY 497 45TH AVE. NE SAINT PETERSBURG, FL 33703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULTES, GAYLE A 9301 50TH AVE. N. LOT 332- SAINT PETERSBURG, FL 33714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2615 De Soto Way St. Petersburg, FL 33712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Kathy Moll</i></u> <b>KATHY MOLL</b>		Date <b>4-30-07</b> Daytime Phone # <b>813 844-4181</b>	