

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000000341**

1. Entity Name  
KIDS INTERNATIONAL, INC.



Principal Place of Business  
497 45TH AVE NE  
SAINT PETERSBURG, FL 33703 US

Mailing Address  
P.O. BOX 13006  
TAMPA, FL 33681-0006 US



04222008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3401795

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MOLL, KATHY  
497 45TH AVE  
SAINT PETERSBURG, FL 33703

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000938011

05/27/08-80072-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SHARP, JR., HENRY I
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	2615 DE SOTO WAY
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*Kathy Moll* KATHY MOLL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-08 727-772-3810

Date

Daytime Phone #