

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000341

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: KIDS INTERNATIONAL, INC.

**Current Principal Place of Business:**

497 45TH AVE NE  
SAINT PETERSBURG, FL 33703 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13006  
TAMPA, FL 336810006 US

**New Mailing Address:**

FEI Number: 59-3401795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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 ( ) Delete  
Name: SHARP, JR., HENRY I  
Address: 2927 GANDY BLVD.  
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete  
Name: MOLL, KATHY  
Address: 497 45TH AVE. NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D ( ) Delete  
Name: SHULTES, GAYLE A  
Address: 2615 DE SOTO WAY  
City-St-Zip: SAINT PETERSBURG, FL 33712

**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:

I hereby certify that the information supplied with this filing does not qualify 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: KATHY MOLL

D

04/27/2009

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

\_\_\_\_\_  
Date