


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000007017</b>	
1. Entity Name <b>FOR KIDS ONLY, INC.</b>	

Principal Place of Business <b>3049 COLDWELL DRIVE HOLIDAY FL 34691</b>	Mailing Address <b>3049 COLDWELL DRIVE HOLIDAY FL 34691</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

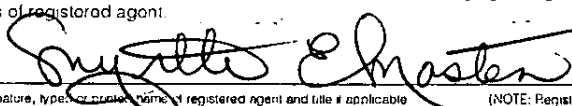
1st MOORE CR2E037 (10/06)

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MASTEN, MYRTLE E 3049 COLDWELL DR HOLIDAY FL 34691</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 	DATE <b>04-25-07</b>
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW: FEE IS \$61.25 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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MESSINA, ALFRED G 3049 COLDWELL DRIVE HOLIDAY FL 34691 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD MASTEN, MYRTLE 3049 COLDWELL DRIVE HOLIDAY FL 34691 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD MIHOK, JAN S 5346 PATRICIA LANE SPRING HILL FL 34607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SOLDANO, EDWARD L 150 WM FLOYD PKWY SHIRLEY NY 11967 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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