

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002095

Entity Name: KIDVENTURES, INC.

FILED  
Jan 05, 2005  
Secretary of State

## Current Principal Place of Business:

1516A VENERA AVE  
2D FLOOR  
CORAL GABLES, FL 33146

## New Principal Place of Business:

7340 SW 48TH STREET  
107  
MIAMI, FL 33155

## Current Mailing Address:

1516A VENERA AVE  
2D FLOOR  
CORAL GABLES, FL 33146

## New Mailing Address:

7340 SW 48TH STREET  
107  
MIAMI, FL 33155

FEI Number: 65-0914936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., STE.125  
CORAL GABLES, FL 33146 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: PD ( ) Delete  
Name: STAMEN, ROBERT  
Address: 1500 SAN REMO  
City-St-Zip: CORAL GABLES, FL 33146

Title: VPD ( ) Delete  
Name: COLYER, STEPHEN  
Address: 4183 PAMONA AVE.  
City-St-Zip: MIAMI, FL 33133

Title: SD ( ) Delete  
Name: MILLER, AMY  
Address: 8245 SW 149 DR  
City-St-Zip: MIAMI, FL 33148

Title: TD ( ) Delete  
Name: DAVIS, BILL CPA  
Address: 1320 S DIXIE  
City-St-Zip: MIAMI, FL 33146

Title: D ( ) Delete  
Name: DAVID, THOMAS  
Address: 1428 BRICKELL AVE, 8TH FLOOR  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: JONES, LEROY  
Address: 180 NW 62ND ST.  
City-St-Zip: MIAMI, FL 33150

## 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:

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 for the exemption stated in Section 119.07(3)(i), 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: ALICE HORN

ED

01/05/2005

Electronic Signature of Signing Officer or Director

Date