

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002095

Entity Name: KIDVENTURES, INC.

FILED
Jan 25, 2006
Secretary of State

Current Principal Place of Business:

7340 SW 48TH STREET
107
MIAMI, FL 33155

Current Mailing Address:

7340 SW 48TH STREET
107
MIAMI, FL 33155

New Principal Place of Business:

7210 RED ROAD
207
SOUTH MIAMI, FL 33143

New Mailing Address:

7210 RED ROAD
207
SOUTH MIAMI, FL 33143

FEI Number: 65-0914936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: POSEY, TINA
Address: 1919 VAN BUREN ST. #304
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLYER, STEPHEN
Address: 4183 PAMONA AVE.
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPD (X) Change () Addition
Name: STAMEN, ROBERT
Address: 1500 SAN REMO AVE., STE. 125
City-St-Zip: CORAL GABLES, FL 33143

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 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: STEPHEN COLYER

PD

01/25/2006

Electronic Signature of Signing Officer or Director

Date