

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003542

FILED
Apr 21, 2006
Secretary of State

Entity Name: KIDZEFX, INC.

Current Principal Place of Business:

5094 NE 122ND DRIVE
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

5094 NE 122ND DRIVE
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 65-0931637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAPIERRE, GARY J
5094 NE 122ND DRIVE
OKEECHOBEE, FL 34972 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: LAPIERRE, GARY J
Address: 5094 NE 122ND DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: VPD () Delete
Name: LAPIERRE, PAULINE J
Address: 5094 NE 122ND DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: MANION, DOROTHY
Address: 5117 DRYDEN RD
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: SIMPSON, ELLOISE
Address: 6169 SE GEORGETOWN PL
City-St-Zip: HOBE SOUND, FL 33455

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:

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: PAULINE J. LAPIERRE

VP

04/21/2006

Electronic Signature of Signing Officer or Director

Date