## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 08:00 Al Secretary of State

ANNUAL REPORT						
DOCUMENT # P0000030496  1. Entity Name CONAKIDS, INC.			Secretary of S			
1463 FAIRFIELD DRIVE 1	ailing Address 463 FAIRFIELD DRIVE LEARWATER, FL 33764				# 1111 1121 1024 1024 1024	
DO NOT WRITE IN THIS SPAC		01192007 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Regist CONAHAN, TERESA 1463 FAIRFIELD DRIVE CLEARWATER, FL 33764	stered Agent			OT WRIT		
8. The above named entity submits this statement for the the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title  FILE NOWIII FEE IS \$150.00	d applicable. (NOTE Registers 9. Election Campaign Fina	ad Agent signature require	d whon reinstating)	the State of Florida. I a		
After May 1, 2007 Fee will be \$550.00		∐ Add	led to Fees			
10. OFFICERS AND DIRE  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TIT	CIURS				• •	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		-		U00000716 04/29/07-800	194 07-014 15000	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Conahan

17275248491