2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2005 08:00 AM Secretary of State **DOCUMENT # P00000063460** ADVÁNTAGE KIDS USA, INC. Mailing Address Principal Place of Business 8001 SHELDON ROAD 8001 SHELDON ROAD **TAMPA, FL 33615** TAMPA, FL 33615 04252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3654152 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GUY, ANNIE L 8001 SHELDON ROAD TAMPA, FL 33615-1952 IN THIS SPACE 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, 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and little it applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GUY, ANNIE L NAME 8001 SHELDON ROAD STREET ADDRESS TAMPA, FL 336151952 CITY-ST-ZIP TITLE U00000335804 04/27/05-80100-018 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under ceth; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Opril 15, 2005 813. 882.3130

FILED