


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90066 002 \*\*\*150.00

<b>DOCUMENT # P01000024813</b> 1. Entity Name <b>KIDS PROPERTY INVESTMENTS, INC.</b>			
Principal Place of Business <b>499 N ST RD 434 STE 2179 ALTAMONTE SPRINGS, FL 32714</b>		Mailing Address <b>499 N ST RD 434 STE 2179 ALTAMONTE SPRINGS, FL 32714</b>	
2. Principal Place of Business - Not P.O. Box # <b>499 N. ST RD 434</b> Suite, Apt. #, etc. <b>Suite 2179</b> City & State <b>Altamonte Springs, FL</b> Zip <b>32714</b> Country <b>USA</b>		3. Mailing Address <b>499 N. ST RD 434</b> Suite, Apt. #, etc. <b>Suite 2179</b> City & State <b>Altamonte Springs, FL</b> Zip <b>32714</b> Country <b>USA</b>	
4. FEI Number <b>59-3708376</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HOLLINGSWORTH II, GEORGE R 499 N ST RD 434 STE 2179 ALTAMONTE SPRINGS, FL 32714</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT HOLLINGSWORTH II, GEORGE R 499 N. ST RD 434 SUITE 2179 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOLLINGSWORTH, ROBERT K 499 N ST RD 434 SUITE 2179 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LAWERENCE, MARY ANN 499 N ST RD 434 SUITE 2179 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/24/08</b> Daytime Phone # <b>407 562-9500</b>	