2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024813

Entity Name: KIDS PROPERTY INVESTMENTS, INC.

FILED Jan 29, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1499 N. ST. RD 434 499 N. ST. RD 434 SUITE 2179 SUITE 2179

ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

1499 N. ST. RD 434 SUITE 2179 499 N. ST. RD 434 SUITE 2179

ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3708376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLLINGSWORTH II, GEORGE R
499 N ST RD 434 STE 2179
HOLLINGSWORTH, GEORGE R II
499 N ST RD 434

ALTAMONTE SPRINGS, FL 32714 US SUITE 2179
ALTAMONTE SPRINGS, FL 32714 US

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: GEORGE R. HOLLINGSWORTH, II 01/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HOLLINGSWORTH II, GEORGE R HOLLINGSWORTH, GEORGE R II Name: Name: 499 N. ST TD 434 SUITE 2179 499 N. ST TD 434 SUITE 2179 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD () Delete Title: () Change () Addition

 Name:
 HOLLINGSWORTH, ROBERT K
 Name:

 Address:
 499 N ST RD 434 SUITE 2179
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 LAWERENCE, MARY ANN
 Name:

 Address:
 499 N ST RD 434 SUITE 2179
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE R. HOLLINGSWORTH, II P 01/29/2009