2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)								FILED				
DOCUMENT # P01000038076							Mar 12, 2004 08:00 AM Secretary of State					
CLUBHO	USE FOR	KIDS, INC.										
Principal Plac 5000 MOBIL		6		Mailing Address 423 TALLOW TREE DR			5					
PENSACOLA FL 32506 PENSACOLA FL 32506								Î JARIJAN (ÎÎ VÂJA) JAN DU		IRIA DUITE FUUTU R	LINNI IT INNT	
2. Principal F			3. Mai	3. Mailing Address								
Suite, Apt.	. #, etc.		Suite	Suite, Apt #, etc.				MOORE	CR2E034	(11/03)		
City & State			City	& State			4. FE	Number 59-3715	518		oplied For of Applicable	
Zip	Country		Zıp	Zip Coun			5. Certificat			\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent Name							7. Na	me and Address of N	ew Registered /	lgent		
423		e / Tree Dr. . Fl 32506				treet Address (f	P.O. Bo	Number is Not Accep	table)	· · · · · · · · · · · · · · · · · · ·		
			· •	c	ity			FL	Zip Cod	e e		
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												
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaig Trust Fund Contri			O May Be i to Fees	
10.		OFFICER	S AND DIRECTO		11.		ADD	TIONS/CHANGES TO	OFFICERS AND			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GREEN, JU 423 TALLO	JLIANNA DW TREE DR LA FL 32506		Delete	TITLE NAME STREET AD CITY - ST - Z			Lianni 03/12/0	00066375 4-80021-0	□ Change)9 150.	Addition 0	
TITLE	FENSACO	LA FL 32306	<u></u>	Delete	TITLE		<u>`</u> f,			Change	Addition	
NAME STREET ADDRESS CITY - ST - ZIP				-	NAME STREET AD CITYST-2	· •						
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STREET ADDRESS CITY-ST-ZIP				• <u>• • • • •</u>	NAME STREET AD CITY-ST-2			/ _ /	1 * .			
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CITY-ST-ZIP				<u> </u>	ÇITY-ST-İ	UP		 <u></u>	······			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				Delete	TITLE NAME STREET AD CITY-ST-2					Change	Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(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 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.												
SIGNAT		July	Khen		3-9	-04	<u>-:</u>	· <u> </u>				
		SION FIGHE AND TY	TED OH PHINTED NAM	E OF SIGNING OFFICER	OR DIRECTOR	429 mm		Date		ayume Phone #		