## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000041765

City-St-Zip:

ORLANDO, FL 32835

FILED May 01, 2009 Secretary of State

Entity Name: 2KIDZ TRUCKIN', INC. **Current Principal Place of Business: New Principal Place of Business:** 7954 BRIDGESTONE DR. ORLANDO, FL 32835 **Current Mailing Address: New Mailing Address:** PO BOX 680178 ORLANDO, FL 32868 FEI Number: 59-3714943 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: CAMPBELL, SOLOMON CAMPBELL, SOLOMON 6925 REMBRANDT DRIVE 7954 BRIDGESTONE DR ORLANDO, FL 32818 ORLANDO, FL 32835 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: 05/01/2009 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition CAMPBELL, SOLOMON M Name: Name: 2422 DARDANELLE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: ( ) Delete Title: V/P Title: () Change () Addition CAMPBELL, CALITO S Name: Name: 6925 REMBRANDT DRIVE Address: Address: ORLANDO, FL 32818 City-St-Zip: City-St-Zip: Title: Title: VΡ ( ) Delete () Change () Addition CLAYTON, SHARON Name: Name: 7954 BRIDGESTONE DR Address: Address:

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.

City-St-Zip:

SIGNATURE: SOLOMON CAMPBELL PD 05/01/2009