2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State
05-17-2005 90012 041 ***150.00

DOCUMENT # P01000074534

1. Entity Name
KIDSPIRATIONAL INC.

Principal Place of Business	Mailing Address
BOX 824008 PoBox 11044 PEMBROKE PINES, FL 33082 Ft. Lauderdale Fl. 33339	~~BOX 824008~~ PoBox 11044 PEMBROKE PINES, FL 33082 Ft. Lauderdale Fl. 33339

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05112005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1134782

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, LORI J
2557 CAMELOT CT
COOPER CITY, FL 33328

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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: Lori Scott 5-10-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCOTT, LORI J
STREET ADDRESS	~~17453 S.W. 19TH STREET~~ 2557 Camelot Ct
CITY ST ZIP	~~PEMBROKE PINES, FL 33029~~ Cooper City Fl. 33328
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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 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.

SIGNATURE: L. Scott Lori J. Scott 5-10-05 954-557-7268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #