2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

Jan 12, 2006 8:00 am Secretary of State **DOCUMENT # P01000118740** 01-12-2006 90165 019 ***150.00 1. Entity Name YUNDOKIDS INC. Principal Place of Business Mailing Address 231 TRADEWINDS AVE. 40000832 231 TRADEWINDS AVE. NAPLES, FL 34108-2326 NAPLES, FL 34108-2326 CR2E034 (11/05) 01062006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3761098 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE IANDIMARINO, SALVATORE J 231 TRADEWINDS AVE. NAPLES, FL 34108-2326 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PRES TITLE IANDIMARINO, SALVATORE NAME 231 TRADEWINDS AVE. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 eccurate 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

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED