2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P02000028463

Entity Name: KID'S CHOICE, INC.

Current Principal Place of Business:

5500 NW 27TH AVENUE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

18960 NW 10TH TERRACE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 04-3618458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIS, SAMUEL N
18960 NW 10TH TERRACE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SAMUEL, ELLIS N
Address: 18960 NW 10TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V ( ) Delete
Name: ELLIS, WANDA T
Address: 18960 NW 10TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T ( ) Delete
Name: ROBERTS, ALTON
Address: 1102 NW 180TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S ( ) Delete
Name: ROBERTS, MONA
Address: 1102 NW 180TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: SAMUEL, ELLIS N
Address: 18960 NW 10TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VS (X) Change ( ) Addition
Name: ELLIS, WANDA T
Address: 18960 NW 10TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: AT (X) Change ( ) Addition
Name: ROBERTS, ALTON
Address: 1102 NW 180TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: AS (X) Change ( ) Addition
Name: ROBERTS, MONA
Address: 1102 NW 180TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

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: SAMUEL N. ELLIS P 04/23/2009

Electronic Signature of Signing Officer or Director Date