#### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000033286**

1. Entity Namo

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

KALEIDOSCOPE IMAGES, INC.

Principal Place of Business

Mailing Address

1715 WEST CLEVELAND STIFLET TAMPA, FL 33606

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**FILED** May 05, 2004 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0584750 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGFORD, E.C. 1715 WEST CLEVELAND STREET

# DO NOT WRITE

TAMPA, FL 33606			IN THIS SPACE	
	named entity submits this statement for the plons of registered agent.	urpose of changing its registered office	or registered agent, o	or both, in the State of Flonda. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable (NOTE Registered Agent sign	nature required when reinstation	ng) DATE
	E NOWIII FEE IS \$150.00 ky 1, 2004 fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.  [ ]	\$5.00 May B Added to Fees	
10.	OFFICERS AND DIRECTORS		······	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LANGFORD, PHILIP 4732 WEST ANITA BLVD. TAMPA, FL 33611			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				O NOT WRITE

12. I hereby cartify 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 eath, 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 chano!