

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041129

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: WEE CARE BABY PRODUCTS, INC.

## Current Principal Place of Business:

3810 GUNN HWY  
TAMPA, FL 33618

## New Principal Place of Business:

## Current Mailing Address:

3810 GUNN HWY  
TAMPA, FL 33618

## New Mailing Address:

FEI Number: 90-0018647      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRAFFT, RANDALL W  
3810 GUNN HWY  
TAMPA, FL 33624      US

## Name and Address of New Registered Agent:

KRAFFT, BONNIE L  
3810 GUNN HWY  
TAMPA, FL 33618      US

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: BONNIE L KRAFFT

03/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALBRIGHT, WAYNE  
Address: 5028 POSTELL DR.  
City-St-Zip: HOLIDAY, FL

Title: CEO ( ) Delete  
Name: KRAFFT, BONNIE L  
Address: 1205 PARRILLA DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: DIR ( ) Delete  
Name: KRAFFT, RANDALL W  
Address: 1205 PARRILLA DE AVILA  
City-St-Zip: TAMPA, FL 33613

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CEO (X) Change ( ) Addition  
Name: KRAFFT, BONNIE L  
Address: 3810 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: DIR (X) Change ( ) Addition  
Name: KRAFFT, RANDALL W  
Address: 3810 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

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: BONNIE L. KRAFFT

CEO

03/02/2009

Electronic Signature of Signing Officer or Director

Date