


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90092 011 ***150.00

DOCUMENT # P02000043050		
1. Entity Name KIDZ ADVENTURES, INC.		

Principal Place of Business 1040 WATERSIDE CIR. FORT LAUDERDALE, FL 33327	Mailing Address 1040 WATERSIDE CIR. FORT LAUDERDALE, FL 33327
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2. Principal Place of Business 1040 Waterside Cr	3. Mailing Address 1040 Waterside Cr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Weston, FL	City & State Weston, FL
Zip 33327	Zip 33327
Country USA	Country Broward



02072006 Chg-P CR2E034 (11/05)

4. FEI Number 42-1534216	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOLINO, SUSIE-J 1040 WATERSIDE CIR. FORT LAUDERDALE, FL 33327	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Weston, FL FL Zip 33327
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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 <i>Susie Molino</i>	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOLINO, SUSIE J 1040 WATERSIDE CIR. WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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 life empowered.	
SIGNATURE: <i>Susie Molino</i>	Date 3/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	