2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000110314

1. Entity Name
KIDZ R 4 UZ INC

40078884

Principal Place of Business	Mailing Address
6700 SILVER STAR RD. STE. 104 ORLANDO, FL 32818	6700 SILVER STAR RD. STE. 104 ORLANDO, FL 32818

04272006　　No Chg-P　　CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0523125	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARREN, SHAMESICA
6700 SILVER STAR RD.
STE. 104
ORLANDO, FL 32818

DO NOT WRITE 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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WARREN, SHAMESICA
STREET ADDRESS	6700 SILVER STAR RD.
CITY-ST-ZIP	ORLANDO, FL 32818

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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 like empowered.

SIGNATURE: _Shamesica Warren_　SHAMESICA WARREN　4/27/06　407-493-5910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #