


# 2007 FOR PROFIT CORPORATION - ANNUAL REPORT

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000111179</b> 1. Entity Name KIDD GLOVES, INC.	
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Principal Place of Business 11412 CHISOLM WAY BOCA RATON, FL 33428	Mailing Address 11412 CHISOLM WAY BOCA RATON, FL 33428
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**DO NOT WRITE IN THIS SPACE**



03302007 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1655731	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HUME, JOHN  
1401 UNIVERSITY DR STE 301  
CORAL SPRINGS, FL 33071

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL GARDI, JOHN 11412 CHISOLM WAY BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DEL GARDI, JOHN 11412 CHISOLM WAY BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT DEL GARDI, MICHELE 11412 CHISOLM WAY BOCA RATON, FL 33428
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**DO NOT WRITE  
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04/09/07-80009-009 150.00

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:** *Michele DelGardi Vice President* **3/29/07** **561-412-3833**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #