2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attach

Mar 30, 2006 8:00 am Secretary of State DOCUMENT # P02000124952 03-30-2006 90031 027 ***158.75 1. Entity Name A2Z 4 KIDS, INC. * Principal Place of Business Mailing Address 20007398 4746 NW 72ND PLACE COCONUT CREEK FL 33073 7240 KIMBERLY BLVD NORTH LAUDERDALE FL 33068 2. Principal Place of Business Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) City & Ştate City & State Applied For 4. FEI Number 06-1662104 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Mart Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PANDHARE, SANDEEP 4746 NW 72ND PLACE COCONUT CREEK FL 33073 8. The above named Intity submits this statement for the purpose of changing its registered office or re istered agent, or both, in the State of Florida. I am familiar with, and accept the obligation egistered agent SIGNATURE (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Tabizs TITLE Delete TITLE NAME PANDHARE, SANDEEP NAME s. Evans STREET ADDRESS 4746 NW 72ND PLACE STREET ADDRESS I S. E. Federal Huy. CITY-ST-ZIP COCONUT CREEK FL 33073 CITY-SI-ZIP L 33469 TITLE TITLE Addition Delete 19 mizog 1T PANDHARE, BEENA NAME unda M. EUANS CTREET ADDRESS 4746 NW 72ND PLACE STREET ADDRESS Jupiter, FL 33469 CHY-ST-ZIP COCONUT CREEK FL 33073 CITY - ST - 7IP TITLE Delete 1171.1 Addition 🗌 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF THLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

FILED