

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

05-09-2006 90065 001 \*\*\*150.00

-FILE# P03000016866

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 26 AM 8:26

DOCUMENT # P03000016866

1. Entity Name  
KID FINANCIALS INC.



Principal Place of Business  
100 SOUTH BUMBY AVENUE  
ORLANDO, FL 32803

Mailing Address  
100 SOUTH BUMBY AVENUE  
ORLANDO, FL 32803

40089000



03302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
48-0517512

Applied For  
No: Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BROWN, CARRIE  
100 SOUTH BUMBY AVENUE  
ORLANDO, FL 32803

**CHANGE TO:**  
**CARRIE BROWN**  
**1355 NORTH DENNELLY ST.**  
**MT. DORA, FL 32757**

**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: Carrie A. Brown for Kid Financials, Inc. **Carrie A. Brown**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE **4-30-06**

**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	BROWN, CARRIE
STREET ADDRESS	100 SOUTH BUMBY AVENUE
CITY - ST - ZIP	ORLANDO, FL 32803
TITLE	<b>CHANGE TO:</b>
NAME	<b>P.O. BOX 1082</b>
STREET ADDRESS	<b>MT. DORA, FL 32757</b>
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Carrie A. Brown Carrie A. Brown **Carrie A. Brown** **321-228-6862**  
Signature and typed or printed name of signing officer or director Date Daytime Phone