

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY 10 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04192004 Chg-P CR2E034 (10/03) 04

DOCUMENT # P03000076087					
1. Entity Name MY KIDZ ROOM, INC.					
Principal Place of Business 1920 BAYTREE CT. DAYTONA BEACH, FL 32128			Mailing Address 1920 BAYTREE CT. DAYTONA BEACH, FL 32128		
2. Principal Place of Business 1457 N. U.S. 1 Suite, Apt. #, etc. 21			3. Mailing Address P.O. Box 10023 Suite, Apt. #, etc.		
City & State Ormond Beach, FL		City & State Daytona Beach, FL		4. FEI Number 20-0091863	
Zip 32174	Country Volusia	Zip 32120	Country Volusia	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIEGERT, TERRY L 1920 BAYTREE CT. DAYTONA BEACH, FL 32128				7. Name and Address of New Registered Agent Name: APRIL R. SMITH Street Address (P.O. Box Number is Not Acceptable): 1744 JOHN ANDERSON DR. City: Ormond Beach FL Zip Code: 32174	
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: APRIL R. SMITH 4/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, APRIL R 1744 JOHN ANDERSON DR. ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIEGERT, TERRY L 1920 BAYTREE CT. DAYTONA BEACH, FL 32128	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600037295426 05/25/04--01057--033 **158.75	
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	
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 exemption stated in Section 119.07(3)(i), 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: APRIL R. SMITH 4/29/04 (86) 671-6388 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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