

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124683

Entity Name: THE KIDS ROOM, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

16017 TAMPA PALMS BLVD. WEST
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

16017 TAMPA PALMS BLVD. WEST
TAMPA, FL 33647

New Mailing Address:

FEI Number: 55-0852378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUARDT, MATTHEW ESQ.
625 COURT STREET
SUITE 200
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOENIG, RAYMOND J JR.
Address: 5303 ALGERINE PLACE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D () Delete
Name: KOENIG, LINDA DEXTER
Address: 5303 ALGERINE PLACE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D () Delete
Name: KOENIG, CHRISTOPHER J
Address: 5924 COUNT TURF LANE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D () Delete
Name: KOENIG, KIMBERLY B
Address: 5924 COUNT TURF LANE
City-St-Zip: WESLEY CHAPEL, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND KOENIG

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date