2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P03000151323

Entity Name: KELLEY KIDS, INC.

Current Principal Place of Business:

814 SW ABBOTT AVE.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

814 SW ABBOTT AVE.
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 32-0106638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLEY, KATHLEEN
814 SW ABBOTT AVE.
PORT ST. LUCIE, FL 34953 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: KELLEY, KATHLEEN
Address: 814 SW ABBOTT AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D ( ) Delete
Name: KELLEY, DANIEL
Address: 2515 HAYES ST.
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete
Name: KELLEY, DANIEL
Address: 2515 HAYES ST.
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete
Name: KELLEY, ELIZABETH
Address: 3795 LEHNENBERG RD.
City-St-Zip: RIEGELSVILLE, PA 18077

Title: D ( ) Delete
Name: WHITCOMBE, COLLEEN K
Address: ONE INDEPENDENT CT., APT. 714
City-St-Zip: HOBOKEN, NJ 07030

Title: D ( ) Delete
Name: KELLEY, SEAN M
Address: 814 SW ABBOTT AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: KELLEY, LAURA
Address: 1066 DARTMOUTH AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

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 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 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: KATHLEEN KELLEY DR 04/28/2004

Electronic Signature of Signing Officer or Director — Date