2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000002450

Entity Name: KID'S INC.

City-St-Zip:

WELLIGTON, FL 33414

FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
120 NORTH M STREET				1141 SUMMIT PLACE CIRCLE		
G LAKE WORTH, FL 33460				C WEST PALM BEACH, FL 33415		
Current Mailing Address:				New Mailing Address:		
120 NORTH M STREET				1141 SUMMIT PLACE CIRCLE		
G LAKE WORTH, FL 33460				C WEST PALM BEACH, FL 33415		
FEI Number: 20-0533432 FEI Number Applied For () FEI			FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CARCAISE, FRANK J JR. 120 NORTH M STREET				CARCAISE, FRANK J JR. 1141 SUMMIT PLACE CIRCLE		
G LAKE WORTH, FL 33460 US				C WEST PALM BEACH, FL 33415 US		
	e named entity : e of Florida.	submits this statement for the	purpose o	f changing its register	red office or registered agent, or both,	
SIGNATURE: FRANK CARCAISE				01/05/2005		
	Electror	ic Signature of Registered Ag	gent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () CONTI, LORI 578 AZURE AV WELLINGTON,			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () CARCAISE, FR 5534 W. BUCK BEVERLY HILL	SKIN AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S () CONTI, LORI 578 AZURE AV	Delete		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: LORI CONTI P 01/05/2005