

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067364

Entity Name: 321 KIDS, INC.

FILED  
Apr 07, 2008  
Secretary of State

## Current Principal Place of Business:

9264 SE KINGLSEY STREET  
HOBE SOUND, FL 33455

## New Principal Place of Business:

## Current Mailing Address:

9264 SE KINGLSEY STREET  
HOBE SOUND, FL 33455

## New Mailing Address:

FEI Number: 20-1746160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

METCALF, ANGELICA  
9264 SE KINGLSEY STREET  
HOBE SOUND, FL 33455 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: METCALF, ANGELICA  
Address: 9264 SE KINGLSEY STREET  
City-St-Zip: HOBE SOUND, FL 33455

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D ( ) Change (X) Addition  
Name: MCCARTHY, DENNIS M  
Address: 9264 SE KINGSLEY ST  
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify 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: ANGELICA METCALF

D

04/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date