

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000110982

1. Entity Name
KICKZ N LIDZ #2, INC.



Principal Place of Business
2353 TYRON WAY @764
ST. PETERSBURG, FL 33710

Mailing Address
2353 TYRON WAY @764
ST. PETERSBURG, FL 33710

DO NOT WRITE IN THIS SPACE

**FILED
Apr 28, 2006 8:00 am
Secretary of State**

04-28-2006 90212 011 ***150.00



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 34-2007436	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YUN, SANG YONG
2353 TYRON WAY @764
ST. PETERSBURG, FL 33710

**DO NOT WRITE
IN THIS SPACE**

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

(Signature, typed or printed name of registered agent and title if applicable.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

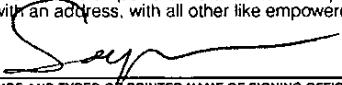
10. OFFICERS AND DIRECTORS

TITLE D
NAME YUN, SANG YONG
STREET ADDRESS 2353 TYRON WAY @764
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06

Date

Daytime Phone #

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IN THIS SPACE**