


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90028 044 \*\*\*150.00

<b>DOCUMENT # P05000039788</b>		
1. Entity Name <b>KC'S CREATIONS INC</b>		

Principal Place of Business <b>830 NE 24TH STREET OCALA, FL 34471 US</b>	Mailing Address <b>830 NE 24TH STREET OCALA, FL 34471 US</b>
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2. Principal Place of Business <b>9536 SE MARICAMP ROAD</b>	3. Mailing Address <b>9536 SE MARICAMP ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>OCALA, FL</b>	City & State <b>OCALA, FL</b>
Zip <b>34472</b>	Zip <b>34472</b>
Country <b>US</b>	Country <b>US</b>



01302006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2505081</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>WOOD, KEN 830 NE 24TH STREET OCALA, FL 34471</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9536 SE MARICAMP ROAD</b> City <b>OCALA</b> FL Zip Code <b>34472</b>
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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. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, KEN 830 NE 24TH STREET OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, KEN 9536 SE MARICAMP ROAD OCALA, FL 34472 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLACKBURN, GARY 830 NE 24TH STREET OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLACKBURN, GARY 9536 SE MARICAMP ROAD OCALA, FL 34472 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YANICHICK, DEBBIE 830 NE 24TH STREET OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YANICHICK, DEBBIE 9536 SE MARICAMP ROAD OCALA, FL 34472 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **2-4-06** **(352)-261-1389**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

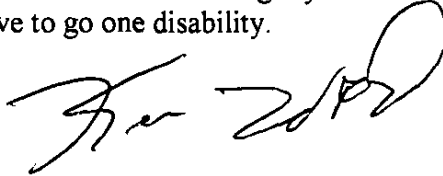
ATTACHMENT 40091657

# P05000039788

I got my notice late and had to rush my account to complete.

We have never filed this report before.

Sorry. I have also been diagnosed recently with Multiple Sclerosis and have been out ill and am removing myself from The company as I may have to go on disability.

A handwritten signature in black ink, appearing to read "John Z. [unclear]".

COULD NOT FIND THE BOX ABOUT  
LATE NOTICE ARRIVAL