## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P05000055000 Secretary of State** 1. Entity Name 01-30-2006 90043 011 \*\*\*150.00 KECO KIDS, INC. Mailing Address Principal Place of Business 3300 MAPLE LANE 3300 MAPLE LANE DAVIE PL 33328 DAVIE, FL 33328 2. Principal Place of Business 3. Mailing Address 5709 Cloverdale, Court 5709 Cloverdale Suite, Apt. #, etc. Suite, Apt. #, etc. 01272006 Cha-P CR2E034 (11/05) Applied For 4. FEI Number City & State City & State 20-26b8753 Florida Not Applicable DIVIC JR IDIC Davie \$8.75 Additional Country Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDBLUM, CORIE M 3300 MAPLE LANE Street Address (P.O. Box Number is Not Acceptable) DAVIE, FL 33328 BAVIE 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE !8 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. resident ☐ Addition Р TITLE 🔀 Change TITLE Delete orie M. Goldblym 709 Cloverdale Ct. GOLDBLUM, CORIE M NAME NAME 3300 MAPLE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33328 CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TILE Change ■ Addition □ Delete TITLE F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete mε NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

CICNATUDE.

FILED

Jan 30, 2006 8:00 am

1/27/06