2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# P05000076541

Entity Name: POSH KIDZ INC

Current Principal Place of Business:

1023 E NORVELL BRYANY HWY
HERNANDO, FL 34442 US

New Principal Place of Business:

3353 EAST GULF TO LAKE HWY
INVERNESS, FL 34453 US

Current Mailing Address:

1023 E NORVELL BRYANY HWY
HERNANDO, FL 34442 US

New Mailing Address:

PO BOX 750
HERNANDO, FL 34442 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KONGQUEE, MILTON G
1023 E NORVELL BRYANT HWY
HERNANDO, FL 34442 US

Name and Address of New Registered Agent:

KONGQUEE, MILTON G
1049 EAST NORVELL BRYANT HWY
HERNANDO, FL 34442 US

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: 01/30/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: KONGQUEE, MILTON G
Address: 1049 E NORVELL BRYANT HWY
City-St-Zip: HERNANDO, FL 34442 US

Title: D ( ) Delete
Name: CAMPLBELL-JOSEPHS, ANDREA
Address: 1049 E NORVELL BRYANT HWY
City-St-Zip: HERNANDO, FL 34442 US

Title: VPSD ( ) Delete
Name: WILLIAMS, JIMMY JR
Address: 1049 E NORVELL BRYANT HWY
City-St-Zip: HERNANDO, FL 34442 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MILTON G KONGQUEE PTSD 01/30/2006
Electronic Signature of Signing Officer or Director — Date