

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90253 002 ***158.75

DOCUMENT # P06000030854 1. Entity Name KIDS COTTAGE CONSIGNMENT INC.			
Principal Place of Business 3100 SUNTREE BLVD. ROCKLEDGE, FL 32955		Mailing Address 3100 SUNTREE BLVD. ROCKLEDGE, FL 32955	
2. Principal Place of Business - No P.O. Box # 3199 SunTree Blvd. Suite, Apt. #, etc. 4		3. Mailing Address 3199 SunTree Blvd. Suite, Apt. #, etc. 4	
City & State Rockledge, FL Zip 32955 Country		City & State Rockledge, FL Zip 32955 Country	
4. FEI Number 20-4227414		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NANOCCHIO, KATHLEEN 2063 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Kathleen Nanocchio</i></u> (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RUHLING-SPILOS, THEA 494 LOUVRE DRIVE MELBOURNE, FL 32935 <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	P NANOCCHIO, KATHLEEN 2063 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Thea Ruhlning-Spiolos</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/4/07 321-255-0414 Date Daytime Phone #	