

FILED
Jun 19, 2007 8:00 am
Secretary of State

DOCUMENT # P06000124961			
1. Entity Name KIDS & TEENS CONSIGNMENT INC.			
Principal Place of Business 235 W. PROSPECT RD. OAKLAND PARK, FL 33309		Mailing Address 235 W. PROSPECT RD. OAKLAND PARK, FL 33309	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent SIMPSON, DIANE 8644 NW 29 DR. CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name COLLEEN RUGGIERO Street Address (P.O. Box Number is Not Acceptable) 235 W. Prospect Road City Oakland Park FL Zip Code 33309	
4. FEI Number 161773787140412 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 <i>Colleen Ruggiero</i> Colleen Ruggiero X 1/31/07 <small>Signature, typed or printed name of registered agent and date of acceptance (NOTE: Registered Agent signature required when transferring)</small> 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-STATE-ZIP	DP RUGGIERO, COLLEEN 235 W. PROSPECT RD. OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV RUGGIERO, SCOTT 235 W. PROSPECT RD. OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 <i>Colleen Ruggiero</i> Colleen Ruggiero X 1/25/07 X 154 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date		X 258 2572 <small>Default Page 2</small>	