2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000126605

Title:

Name:

Address:

City-St-Zip:

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STECHMAN, WENDY

7667B LAKE WORTH ROAD

LAKE WORTH, FL 33467 US

Entity Name: UNIQUE KIDS PARTIES CORP.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7667B LAKE WORTH ROAD LAKE WORTH, FL 33467 **Current Mailing Address: New Mailing Address:** 7667B LAKE WORTH ROAD LAKE WORTH, FL 33467 US FEI Number: 20-5728927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STECHMAN, WENDY 7667B LAKE WORTH ROAD LAKE WORTH, FL 33467 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete () Change () Addition STECHMAN, WENDY Name: Name: 7667B LAKE WORTH ROAD Address: Address: City-St-Zip: LAKE WORTH, FL 33467 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: STECHMAN, WENDY Name: 7667B LAKE WORTH ROAD Address: Address: City-St-Zip: LAKE WORTH, FL 33467 US City-St-Zip: SECT Title: (X) Change () Addition Title: () Delete SECY STECHMAN, WENDY STECHMAN, WENDY Name: Name: 7667B LAKE WORTH ROAD 7667B LAKE WORTH ROAD Address: Address: LAKE WORTH, FL 33467 US City-St-Zip: LAKE WORTH, FL 33467 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WENDY STECHMEN PRES 02/05/2009

() Change () Addition