

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000010056

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: PAMPERED KIDS & TEENS INC.

## Current Principal Place of Business:

5800 54TH AV N  
KENNETH CITY, FL 33709

## New Principal Place of Business:

PAMPERED KIDS & TEENS  
5800 54TH AV N  
ST PETERSBURG, FL 33709 US

## Current Mailing Address:

5800 54TH AV N  
KENNETH CITY, FL 33709

## New Mailing Address:

PAMPERED KIDS & TEENS  
5800 54TH AV N  
ST PETERSBURG, FL 33709 US

FEI Number: 02-0797953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACFARLANE, CONNIE  
5858 5TH AV S  
ST PETERSBURG, FL 33707 US

## Name and Address of New Registered Agent:

MACFARLANE, CONNIE J  
PAMPERED KIDS & TEENS  
5800 54TH AV N  
ST PETERSBURG, FL 33709 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: MACFARLANE CONNIE J

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: MACFARLANE, CONNIE  
Address: 5858 5TH AV S  
City-St-Zip: ST PETERSBURG, FL 33707

Title: VP/T ( ) Delete  
Name: MACFARLANE, CONNIE  
Address: 5858 5TH AV S  
City-St-Zip: ST PETERSBURG, FL 33707

Title: S ( ) Delete  
Name: MACFARLANE, CONNIE  
Address: 5858 5TH AV S  
City-St-Zip: ST PETERSBURG, FL 33707

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change ( ) Addition  
Name: MACFARLANE, CONNIE J  
Address: 5858 5TH AVS  
City-St-Zip: ST PETERSBURG, FL 33707

Title: P/T (X) Change ( ) Addition  
Name: MACFARLANE, CONNIE J  
Address: 5858 5TH AV S  
City-St-Zip: ST PETERSBURG, FL 33707

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Title: P/T ( ) Change (X) Addition  
Name: MACFARLANE, CONNIE J  
Address: 5858 5TH AV S  
City-St-Zip: ST PETERSBURG, FL 33707

Title: P/T ( ) Change (X) Addition  
Name: MACFARLANE, CONNIE J  
Address: 5858 5TH AV S  
City-St-Zip: ST PETERSBURG, FL 33707

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.

SIGNATURE: MACFARLANE CONNIE J

P/T

04/16/2009

Electronic Signature of Signing Officer or Director

Date