


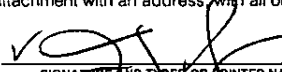


## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P07000028475</b>				<b>FILED</b> <b>08 SEP 26 PM 2:24</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
1. Entity Name <b>B &amp; V KIDS, INC.</b>					
Principal Place of Business <b>10312 OLCOT STREET ORLANDO, FL 32817-4317 US</b>		Mailing Address <b>10312 OLCOT STREET ORLANDO, FL 32817-4317 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		09102008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MELENDEZ, VIRGINIA 10312 OLCOT STREET ORLANDO, FL 32817-4317</b>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MELENDEZ, VIRGINIA</b>	NAME	<b>05/19/08 01043 020 \$43.75</b>		
STREET ADDRESS	<b>10312 OLCOT STREET</b>	STREET ADDRESS	<b>600129571346</b>		
CITY - ST - ZIP	<b>ORLANDO, FL 328174317</b>	CITY - ST - ZIP	<b>05/19/08--01043--020 **43.75</b>		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MEJIA, JANEELY</b>	NAME	<b>600129571346</b>		
STREET ADDRESS	<b>942 N 32 AVENUE</b>	STREET ADDRESS	<b>10/01/08--01029--004 **106.25</b>		
CITY - ST - ZIP	<b>HOLLYWOOD, FL 330215519</b>	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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: 		Date: <b>9/12/08</b> (954)924-1571			