2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 21, 2005 08:00 AM Secretary of State DOCUMENT # P95000048466 1. Entity Name KIDS-N-MORE CONSIGNMENT, INC. Principal Place of Business Mailing Address 6266 S CONGRESS AVE 6266 S CONGRESS AVE L-2 LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FE! Number City & State 65-0589482 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EMERY, VICKY L Street Address (P.O. Box Number is Not Acceptable) 4707 MEADOWGREEN TRAIL LAKE WORTH FL 33463 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE CATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Chance 10TLE Defete VICKY . EMERY NAME NAME STREET ADDRESS 4707 MEADOWGREEN TR STREET ADDRESS U00000321449 LAKE WORTH FL 33463 CUY-ST-7P CITY ST-ZIP ☐ Change ☐ Addition TITLE TUTLE VTD Delete NAME NAME NANCY A. TUTON 4707 MEADOWGREEN TR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL 33463 ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change mu Delete TITLE NAME SURFEL ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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: MANGE TOTON VICE PASSIBLE WILLION (S61) 434-4066

Date Date Days Printed NAME OF SIGNING OFFICER OR DIRECTION

FILED