2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 APR 13 AM 10:59

DOCUMENT # P95000075086

1. Entity Name
KID'S WOOD, INC.

Principal Place of Business	Mailing Address
714 COMMERCE CIR LONGWOOD, FL 32750 US	714 COMMERCE CIR LONGWOOD, FL 32750 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04052005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3370437 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICCARD, MARIA
1931 HEWETT LANE
MAITLAND, FL 32750

7. Name and Address of New Registered Agent

Name: KEVIN J. WEBB
Street Address (P.O. Box Number is Not Acceptable): 714 COMMERCE CIRCLE
City: LONGWOOD FL Zip Code: 32750

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: [signature] DATE: 04-05-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 ST ZIP	D RICCARD, MARIA 714 COMMERCE CIRCEL LONGWOOD, FL 32750 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD WEBB, KEVIN J. 714 COMMERCE CIRCLE LONGWOOD, FL 32750 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P PAUL, RICEARD 704 COMMERECE CIR LONGWOOD, FL 32750 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	100052147381 04/26/05--01067--006 **61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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: [signature] Kevin J. Webb, Pres. 04-05-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #