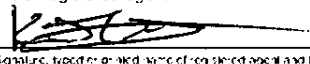
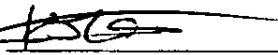


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 APR 13 AM 10:59

FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000075086					
1. Entity Name KID'S WOOD, INC.					
Principal Place of Business 714 COMMERCE CIR LONGWOOD, FL 32750 US			Mailing Address 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	
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's Not Acceptable) 714 COMMERCE CIRCLE City LONGWOOD FL 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  DATE 04-05-05					
Amended AR is \$61.25					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	D ☒ Delete				
NAME	RICCARD, MARIA				
STREET ADDRESS	714 COMMERCE CIRCLE				
CITY ST ZIP	LONGWOOD, FL 32750				
TITLE	P ☒ Delete				
NAME	PAUL, RICEARD				
STREET ADDRESS	714 COMMERCE CIR				
CITY ST ZIP	LONGWOOD, FL 32750				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY ST ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY ST ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY ST ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY ST ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PD ☐ Change ☒ Addition				
NAME	WEBB, KEVIN J.				
STREET ADDRESS	714 COMMERCE CIRCLE				
CITY ST ZIP	LONGWOOD, FL 32750				
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY ST ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY ST ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY ST ZIP					
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  Kevin J. Webb, Pres. DATE 04-05-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					