


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90019 002 \*\*\*158.75

<b>DOCUMENT # P96000068311</b>	
1. Entity Name <b>ROOMS TO GO KIDS CORP.</b>	

Principal Place of Business <b>11540 HIGHWAY 92 EAST SEFFNER, FL 33584</b>	Mailing Address <b>11540 HIGHWAY 92 EAST SEFFNER, FL 33584</b>
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**94025099**

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



02182004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3398393</b>		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<b>BEYER, DAVID A</b> <b>C/O PIPER MARBURY RUDNICK &amp; WOLFE, LLP</b> <b>101 E KENNEDY BLVD, SUITE 2000</b> <b>TAMPA, FL 33602</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

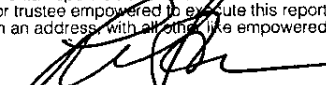
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	<b>PD</b> <b>SEAMAN, JEFFREY</b> <b>6475 EAST JOHNS CROSSING</b> <b>DULUTH, GA 30097</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>400 Perimeter Center Terrace, Suite 800</b> <b>Atlanta, GA 30346</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST</b> <b>FINKEL, JEFFRY</b> <b>6475 EAST JOHNS CROSSING</b> <b>DULUTH, GA 30097</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>400 Perimeter Center Terrace, Suite 800</b> <b>Atlanta, GA 30346</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>STEIN, LEWIS</b> <b>11540 HWY 92 E</b> <b>SEFFNER, FL 33584</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KETTLE, J. MICHAEL</b> <b>6475 EAST JOHNS CROSSING</b> <b>DULUTH, GA 30097</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>400 Perimeter Center Terrace, Suite 800</b> <b>Atlanta, GA 30346</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **Lewis Stein VP 2-25-04 (813) 623-5400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #