

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 25, 2004 08:00 AM  
Secretary of State

DOCUMENT # P96000088846

1. Entity Name  
KREATIVE KIDS WORLD, INC.



Principal Place of Business  
3643 10TH AVENUE NORTH  
PALM SPRINGS, FL 33461

Mailing Address  
3643 10TH AVENUE NORTH  
PALM SPRINGS, FL 33461



03222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0707462

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, OLIVE  
3643 10TH AVENUE NORTH  
PALM SPRINGS, FL 33461

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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

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

000000096045  
03/25/04-80014-003 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HIGGINS, OLIVE  
STREET ADDRESS 3643 10TH AVENUE NORTH  
CITY-ST-ZIP PALM SPRINGS, FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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: *O Higgins (Olive Higgins)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-04 561-969-1142  
Date Daytime Phone #