2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #P96000092978

1. Entity Name
KIDWORKS, INC.

Principal Place of Business	Mailing Address
3003 NW 53RD AVE GAINESVILLE, FL 32606 US	3003 NW 53RD AVE GAINESVILLE, FL 32606 US
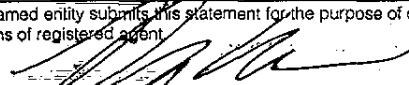
03292005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3412294	Not Applicable

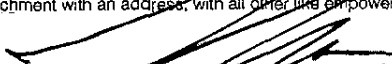**5.** Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, MICHAEL
6115 NW 57TH WAY
GAINESVILLE, FL 32653

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 _____   MICHAEL KRAMER   3/29/05
Signature typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KRAMER, MICHAEL J
STREET ADDRESS	6115 NW 57 WAY
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	VSD
NAME	KRAMER, CATHRYN S
STREET ADDRESS	6115 NW 57 WAY
CITY-ST-ZIP	GAINESVILLE, FL 32653

J00000308334
04/15/05-80091-019   150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____   4/8/05   352 333-2132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #