


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90474 028 \*\*\*150.00

<b>DOCUMENT # P97000085275</b> 1. Entity Name <b>KIDS PARADISE, INC.</b>					
Principal Place of Business <b>7700 NORTH STATE RD. 7 COCONUT CREEK, FL 33073</b>			Mailing Address <b>7700 NORTH STATE RD. 7 COCONUT CREEK, FL 33073</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0790960</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PITTER, CARL S 7447 NORTH WEST 57 STREET FORT LAUDERDALE, FL 33319</b>			7. Name and Address of New Registered Agent Name <b>PITTER, CARL S</b> Street Address (P.O. Box Number is Not Acceptable)  <b>7435 NORTH WEST 57th STREET</b> City <b>TAMARAC</b>		
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.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	VSD PITTER, LISA A 7700 N. STATE RD., #7 COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD PITTER, SASHA M 7700 N. STATE RD. #7 COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PITTER, MARJORIE T 7700 N. STATE RD. #7 COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAGUE, FERDINAND JR. 7700 NORTH STATE RD. 7 COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS PITTER, MARJORIE T 7700 NORTH STATE ROAD 7 COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS PITTER, MARJORIE T 7700 NORTH STATE ROAD 7 COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS PITTER, MARJORIE T 7700 NORTH STATE ROAD 7 COCONUT CREEK, FL 33073	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS PITTER, MARJORIE T 7700 NORTH STATE ROAD 7 COCONUT CREEK, FL 33073	<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: <u>Marjorie T. Pitler</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>April 12/05</u> Daytime Phone #: <u>954-421-6667</u>					