2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004
Secretary of State

DOCUMENT# P98000015269

Entity Name: KID TRAX CREATIONS, INC.

Current Principal Place of Business:

507 N. LAKESIDE DRIVE
LAKE WORTH, FL 33460

New Principal Place of Business:

52 BAYTREE CIRCLE
BOYNTON BEACH, FL 33436

Current Mailing Address:

507 N. LAKESIDE DRIVE
LAKE WORTH, FL 33460

New Mailing Address:

52 BAYTREE CIRCLE
BOYNTON BEACH, FL 33436

FEI Number: 65-0812161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, RICHARD L
2910 CARDINAL DRIVE
SUITE A
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: NYGREN, THOMAS L
Address: 507 N. LAKESIDE DR.
City-St-Zip: LAKE WORTH, FL 33460

Title: PD ( ) Delete
Name: MORRIS, KATHRYN A
Address: 507 N. LAKESIDE DRIVE
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: NYGREN, THOMAS L
Address: 52 BAYTREE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: PD (X) Change ( ) Addition
Name: MORRIS, KATHRYN A
Address: 52 BAYTREE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN A MORRIS PD 09/08/2004

Electronic Signature of Signing Officer or Director — Date