

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90024 001 \*\*\*150.00

<b>DOCUMENT # P98000098951</b> 1. Entity Name <b>KIDS LOVE US OF ORLANDO, INC.</b>					
Principal Place of Business <b>4605 HOWELL BRANCH RD. WINTER PARK, FL 32792</b>			Mailing Address <b>4605 HOWELL BRANCH RD. WINTER PARK, FL 32792</b>		
2. Principal Place of Business <b>4381 Steed Terrace</b> Suite, Apt. #, etc.		3. Mailing Address <b>4381 Steed Terrace</b> Suite, Apt. #, etc.			
City & State		City & State		04032004    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>59-3545673</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PETRIE, COLEMAN A 4605 HOWELL BRANCH RD. WINTER PARK, FL 32792</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4381 Steed Terrace</b> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Coleman Alan Petrie, Jr.</i></u> DATE <u>4/14/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRIE, COLEMAN 4605 HOWELL BRANCH RD. WINTER PARK, FL 32792	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETRIE, ELIZABETH A 4605 HOWELL BRANCH RD WINTER PARK, FL 32792	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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: <u><i>Elizabeth Coleman Petrie, President</i></u> Date <u>4-15-04</u> Daytime Phone # <u>407 681-1900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					