


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90063 003 ***150.00

DOCUMENT # P99000010624

1. Entity Name
KDF TOYS, INC.



Principal Place of Business Mailing Address

**505 SOUTH FLAGLER DRIVE
 SUITE 300
 WEST PALM BEACH FL 33401**

**505 SOUTH FLAGLER DRIVE
 SUITE 300
 WEST PALM BEACH FL 33401**

2. Principal Place of Business 3. Mailing Address

ONE N. CLEMATIS STREET **P.O. BOX 4297**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

WEST PALM BEACH, FL **WEST PALM BEACH**

Zip Country Zip Country

33401 **USA** **FL** **33402**



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For

65-0892640 Not Applicable

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

6. Name and Address of Current Registered Agent

**CHOPIN, L FRANK
 505 SOUTH FLAGLER DRIVE
 SUITE 300
 PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
ONE N. CLEMATIS STREET

City Zip Code
WEST PALM BEACH, FL **33401**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FORD, KATHLEEN D	
STREET ADDRESS	505 SOUTH FLAGLER DRIVE SUITE 300	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHOPIN, L. FRANK	
STREET ADDRESS	505 SOUTH FLAGLER DRIVE SUITE 300	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE N. CLEMATIS STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE N. CLEMATIS STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: L. Frank Chopin Date: 7/29/05 Daytime Phone #: 561-655-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR