


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90022 018 \*\*\*150.00

**DOCUMENT # P99000010624**

1. Entity Name  
**KDF TOYS, INC.**



Principal Place of Business  
**ONE N CLEMATIS STREET  
 WEST PALM BEACH FL 33401**

Mailing Address  
**P.O. BOX 4297  
 WEST PALM BEACH FL 33402**



2. Principal Place of Business  
**515 N. Flagler Drive**  
 Suite, Apt. #, etc.  
**Suite 300 P**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**West Palm Beach, FL**

City & State

Zip  
**33401** Country **US**

Zip Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**CHOPIN, L FRANK  
 ONE N CLEMATIS STREET  
 WEST PALM BEACH FL 33401**

4. FEI Number **65-0892640**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**515 N. Flagler Drive**

**Suite 300 P**

City **West Palm Beach** **FL** Zip Code **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, 2006 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	ONE N CLEMATIS STREET	
CITY-ST-ZIP	WEST PALM BEACH FL-33401	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHOPIN, L. FRANK	
STREET ADDRESS	ONE N CLEMATIS STREET	
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	<b>515 N. Flagler Dr., Ste 300P</b>	
CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>515 N. Flagler Dr., Ste 300P</b>	
CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>	
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		
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 exemptions contained in Section 119, 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:  DATE: **3/20/06** 561-655-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

**ATTACHMENT  
DISTINGUISHED  
MANAGEMENT, INC.**

50005159

2200 N. FLORIDA MANGO RD.  
SUITE 402  
WEST PALM BEACH, FL 33409  
TELEPHONE: (561) 688-8933

MAILING ADDRESS:  
P.O. BOX 4297  
WEST PALM BEACH, FL 33402  
FACSIMILE: (561) 688-8973

March 13, 2006

Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

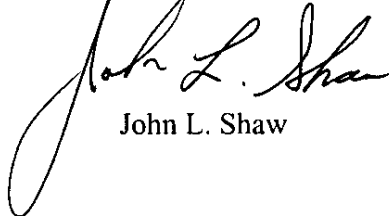
Re: **KDF Toys, Inc.**  
**Document #P99000010624**

Dear Sir or Madam:

I enclose the 2006 Annual Report and \$150.00 filing fee for the above referenced corporation.

Please telephone me, should you have any questions.

Sincerely,



John L. Shaw

JLS/amc  
Enclosures