


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90062 040 \*\*\*150.00

DOCUMENT # P99000010624			
1. Entity Name KDF TOYS, INC.			
Principal Place of Business 515 N. FLAGLER DR STE. 300 P WEST PALM BEACH, FL 33401		Mailing Address P.O. BOX 4297 WEST PALM BEACH, FL 33402	
2. Principal Place of Business - No P.O. Box # <i>223 Sunset Avenue</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>Suite 230</i>		Suite, Apt. #, etc.	
City & State <i>Palm Beach, FL</i>		City & State	
Zip <i>33480</i>	Country	Zip	Country
6. Name and Address of Current Registered Agent CHOPIN, L FRANK 515 N. FLAGLER DR STE. 300P WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>223 Sunset Avenue</i> <i>Suite 230</i> City <i>Palm Beach</i> FL Zip Code <i>33480</i>	
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 _____ <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</b> <b>After May 1, 2007 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	PD FORD, KATHLEEN D 515 N. FLAGLER DR. STE. 300P WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>223 Sunset Avenue, Suite 230</i> <i>Palm Beach, FL 33480</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHOPIN, L. FRANK 515 N. FLAGLER DR. STE. 300P WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>223 Sunset Avenue, Suite 230</i> <i>Palm Beach, FL 33480</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 to an address with all other like empowered.			
SIGNATURE <i>[Signature]</i>		Date <i>2-14-07</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	



01102007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0892640 Applied For Not Applicable

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