

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90129 029 ***150.00

**2002 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000062271

1. Entity Name

KIDS' QUARTERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 9741 S. Orange-Blóssom Tr.

3. Mailing Address
 200 E. Robinson Street

Suite, Apt. #, etc.
 Suite 4

Suite, Apt. #, etc.
 Suite 500

DO NOT WRITE IN THIS SPACE

City & State
 Orlando, Florida

City & State
 Orlando, Florida

4. FEI Number
 58-2480443

Applied For
 Not Applicable

Zip
 32837

Country
 USA

Zip
 32801

Country
 USA

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

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
 Hendry, Stoner, DeLancett & Brown, P.A.

Street Address (P.O. Box Number is Not Acceptable)
 200 E. Robinson Street

Suite 500

City
 Orlando

FL

Zip Code
 32801

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.

Hendry, Stoner, DeLancett & Brown, P.A.

SIGNATURE

By:

[Signature]

(NOTE: Registered Agent signature required when remaining)

[Signature]

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
	PSD SOLA, ANTONIO	3141 ZAHARIAS DRIVE	ORLANDO, FL 32837
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
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TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
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**DO NOT WRITE
 IN THIS SPACE**

CR2E034B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

[Signature]

407-458-2252

Date

Daytime Phone #