2006 FOR PROFIT CORPORATION

Apr 21, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # S62561** 04-21-2006 90114 042 ***150.00 1. Entity Name STAR KIDS, INC. Principal Place of Business Mailing Address 50014383 617 EAST SUNRISE BLVD **617 EAST SUNRISE BLVD** FT LAUDERDALE, FL 33304 FT LAUDERDALE, FL 33304 US 01202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0281003 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERNSTEIN, STEVEN DO NOT WRITE 617 EAST SUNRISE BLVD. **SUITE 904** IN THIS SPACE FT LAUDERDALE, FL 33304 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, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BERNSTEIN, ARLENE NAME STREET ADDRESS 617 EAST SUNRISE BLVD. CORAL SPRINGS, FL 33071 CITY-ST-ZIP TITLE NAME BERNSTEIN, STEVEN STREET ADDRESS 617 EAST SUNRISE BLVD. CORAL SPRINGS, FL 33071 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED