



FILED
Jun 11, 2007 8:00 am
Secretary of State

04-30-2007 90394 048 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S67456		
1. Entity Name A.B.C. KIDS, INCORPORATED		
Principal Place of Business 10003 133 STREET NORTH SEMINOLE, FL 33776-1545 US		Mailing Address PO BOX 3277 SEMINOLE, FL 33775 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CALEB, ROBERTA G PO BOX 3277 10003 133 STREET NO. SEMINOLE, FL 33775 33776		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALEB, ROBERTA G. PO BOX 3277 SEMINOLE, FL 33775	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CALEB, R. TIMOTHY PO BOX 3277 SEMINOLE, FL 33775	
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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 with an address, with all other like empowered.		
SIGNATURE:  ROBERT T. CALEB		4/26/07 727-644-3003 Date Daytime Phone #