2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006
Secretary of State

DOCUMENT# V39892

Entity Name: KIDDIE AMUSEMENTS OF FLORIDA, INC.

Current Principal Place of Business:

20929 E STATE RD 44
EUSTIS, FL 32736 US

New Principal Place of Business:

Current Mailing Address:

20929 E STATE RD 44
EUSTIS, FL 32736 US

New Mailing Address:

FEI Number: 59-3129351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREUCHE, FREDERICK W.
20929 E STATE RD 44
EUSTIS, FL 32736 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: BREUCHE, FREDERICK W, .
Address: 20929 E STATE RD 44
City-St-Zip: EUSTIS, FL

Title: D ( ) Delete
Name: BREUCHE, CAROLYN L.
Address: 20929 E. STATE RD. 44
City-St-Zip: EUSTIS, FL

Title: P ( ) Delete
Name: MULLEN, JOHN
Address: 20921 STATE ROAD 44
City-St-Zip: EUSTIS, FL 32736

Title: VS ( ) Delete
Name: MULLEN, CHERYL
Address: 20921 STATE ROAD 44
City-St-Zip: EUSTIS, FL 32736

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: MULLEN, CHERYL
Address: 20921 STATE ROAD 44
City-St-Zip: EUSTIS, FL 32736

Title: V ( ) Change (X) Addition
Name: MULLEN, WILLIAM T
Address: 1228 WHITEWOOD WAY
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED BREUCHE DT 04/03/2006

Electronic Signature of Signing Officer or Director Date