2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0700005293

Entity Name: KIDS' DREAMS, INC.

Current Principal Place of Business:

1760 N JOG ROAD SUITE 150 WEST PALM BEACH, FL 33411

Current Mailing Address:

1760 N JOG ROAD SUITE 150 WEST PALM BEACH, FL 33411 US

FEI Number: 26-0356007

Name and Address of Current Registered Agent:

DFS AGENT LLC 1760 N JOG ROAD SUITE 150 WEST PALM BEACH, FL 33411 US Certificate of Status Desired: No

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: | PATRICK DISALVO | | 04/26/2023 | | | | |
|---------------------------|--|-----------------|---|--|--|--|--|
| | Electronic Signature of Registered Agent | | Date | | | | |
| Officer/Director Detail : | | | | | | | |
| Title | DP | Title | D | | | | |
| Name | LEBOW, PATRICIA L | Name | LEBOW, AMANDA | | | | |
| Address | P.O. BOX 110 | Address | 500 N. ROSSMORE APT 514 | | | | |
| City-State-Zip: | PALM BEACH FL 33480 | City-State-Zip: | | | | | |
| Title | DT | Title | D | | | | |
| Name | DISALVO, PATRICK J | Name | TENENBAUM, ELAN | | | | |
| Address | 1760 NORTH JOG ROAD, SUITE 150 | Address | 350 SOUTH COUNTY ROAD, SUITE 107 | | | | |
| City-State-Zip: | WEST PALM BEACH FL 33411 | | | | | | |
| Title | D | City-State-Zip: | PALM BEACH FL 33480 | | | | |
| Name | GAUGER, MICHAEL E | Title | D | | | | |
| Address | C/O 3228 GUN CLUB ROAD | Name | LONGWATER, LANCE S | | | | |
| City-State-Zip: | WEST PALM BEACH FL 33406 | Address | C/O 109 ROYAL PALM WAY, 2ND FLOOR | | | | |
| Title | D | City-State-Zip: | PALM BEACH FL 33480 | | | | |
| Name | COMITER, RICHARD B | Title | D | | | | |
| Address | C/O 3801 PGA BLVD. SUITE 604 | Name | CASS, MARTY | | | | |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 | Address | C/O BDO CENTURION PLAZA 1601 FORUM PLACE 9TH FLOOR | | | | |
| | | City-State-Zip: | WEST PALM BEACH FL 33401 | | | | |

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

| SIGNATURE: PATRICK DISALVO | DT | 04/26/2023 |
|----------------------------|----|------------|
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Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| Title | S | Title | ASST. SEC |
|-----------------|------------------------------|-----------------|------------------------------|
| Name | DISALVO, JILL | Name | BALLINGER, CARA |
| Address | 1760 N JOG ROAD SUITE 150 | Address | 1760 N JOG ROAD SUITE 150 |
| City-State-Zip: | WEST PALM BEACH FL 33411 | City-State-Zip: | WEST PALM BEACH FL 33411 |