


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90052 001 \*\*\*150.00

<b>DOCUMENT # H02516</b> 1. Entity Name K B TOY OF FLORIDA, INC.	
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Principal Place of Business 100 WEST STREET PITTSFIELD, MA 01201	Mailing Address 100 WEST STREET PITTSFIELD, MA 01201
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40007743



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01102005 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 04-2846255	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PYNE, DAVID T			NAME			
STREET ADDRESS	100 WEST STREET			STREET ADDRESS			
CITY-ST-ZIP	PITTSFIELD, MA 01201			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FELDMAN, ROBERT J			NAME			
STREET ADDRESS	100 WEST STREET			STREET ADDRESS			
CITY-ST-ZIP	PITTSFIELD, MA 01201			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRADY, KENNETH A			NAME			
STREET ADDRESS	100 WEST STREET			STREET ADDRESS			
CITY-ST-ZIP	PITTSFIELD, MA 01201			CITY-ST-ZIP			
TITLE	C	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEIST, JOEL L			NAME			
STREET ADDRESS	100 WEST STREET			STREET ADDRESS			
CITY-ST-ZIP	PITTSFIELD, MA 01201			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLAZER, MICHAEL L			NAME			
STREET ADDRESS	100 WEST STREET			STREET ADDRESS			
CITY-ST-ZIP	PITTSFIELD, MA 01201			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Kenneth A. Grady, Secretary, Kenneth A. Grady 1/11/05 413-496-3180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #