


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # K67080
 1. Entity Name
KENNEDY CHILD CARE, INC.



Principal Place of Business Mailing Address
 1412 SE 16 PLACE 1412 SE 16 PLACE
 CAPE CORAL, FL 33990 US CAPE CORAL, FL 33990 US

DO NOT WRITE IN THIS SPACE



01302006 No Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
 65-0101757 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KENNEDY, MARIANITA
 30 SE 10 AVE
 CAPE CORAL, FL 33990

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNEDY, JAMES M. 30 SE 10 AVENUE CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KENNEDY, MARIANITA M. 30 SE 10 AVENUE CAPE CORAL, FL 33990
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03/20/06-80003-020 150.00

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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: Marianita M Kennedy / 3-6-06 239574356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #