

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # K87225

1. Entity Name

KOUNTRY KIDS LEARNING CENTER, INC.

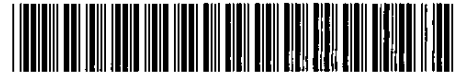


Principal Place of Business

301 NW 10TH STREET
 CHIEFLAND FL 32626-8716

Mailing Address

301 NW 10TH STREET
 CHIEFLAND FL 32626-8716



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-2955664

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MC ELROY, LINDA L.
 301 NW 10TH ST.
 CHIEFLAND FL 32626

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of filer (individual and not a corporation).

(NOTE: Registered Agent's signature required when applicable.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT Delete
 NAME MCELROY, LINDA
 STREET ADDRESS P.O. BOX 523
 CITY-ST-ZIP CHIEFLAND FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 000000805002
 02/05/08-80092-003 150.00

TITLE VS Delete
 NAME PEARCE, DARLENE M.
 STREET ADDRESS RT. 2 BOX 195
 CITY-ST-ZIP CHIEFLAND FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 officer like empowered.

SIGNATURE:

Linda L. McElroy

Linda L. McElroy

1-2308

352493-0749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Telephone Number