

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K87225

FILED
Jan 26, 2009
Secretary of State

Entity Name: KOUNTRY KIDS LEARNING CENTER, INC.

Current Principal Place of Business:

301 NW 10TH STREET
CHIEFLAND, FL 326268716

New Principal Place of Business:

Current Mailing Address:

301 NW 10TH STREET
CHIEFLAND, FL 326268716

New Mailing Address:

FEI Number: 59-2955664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MC ELROY, LINDA L.
301 NW 10TH ST.
CHIEFLAND, FL 32626 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: PT () Delete
Name: MCELROY, LINDA,
Address: P.O. BOX 523
City-St-Zip: CHIEFLAND, FL

Title: VS () Delete
Name: PEARCE, DARLENE M.,
Address: RT. 2 BOX 195
City-St-Zip: CHIEFLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: MCELROY, LINDA,
Address: 1251 NW 132ND LANE
City-St-Zip: CHIEFLAND, FL 32626

Title: VS (X) Change () Addition
Name: PEARCE, DARLENE M.,
Address: 7151 NW 118 TH LANE
City-St-Zip: CHIEFLAND, FL 32626

I hereby certify that the information supplied with this filing does not qualify 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: LINDA L. MCELROY

PR

01/26/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date