

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010076

FILED  
Aug 12, 2009  
Secretary of State

Entity Name: KINDERGARTEN PREP, INC.

**Current Principal Place of Business:**

3186 ABBINGTON STREET  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

3186 ABBINGTON STREET  
NORTH PORT, FL 34286

**New Mailing Address:**

FEI Number: 26-2145071      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WEGRZYNEK, LINDA M  
3186 ABBINGTON STREET  
NORTH PORT, FL 34286      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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: WEGRZYNEK, LINDA  
Address: 3186 ABBINGTON STREET  
City-St-Zip: NORTH PORT, FL 34286

Title: MBR      ( ) Delete  
Name: HEYDET, JENNIFER  
Address: 1230 GAUCHO TERRACE  
City-St-Zip: NORTH PORT, FL 34286

Title: MBR      ( ) Delete  
Name: MOORE, MICHELLE  
Address: 1500 MARASCO LANE  
City-St-Zip: NORTH PORT, FL 34286

Title: MBR      ( ) Delete  
Name: SHAE, MARTA  
Address: 175C GOLF CLUB LANE  
City-St-Zip: VENICE, FL 34293

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: LINDA WEGRZYNEK

MS

08/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date