2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# P06000094965

Entity Name: KIDDIE CAMPUS CHILD DEVELOPMENT CENTERS, INC.

Current Principal Place of Business:

3150 TAMPA ROAD
SUITE 17
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

3150 TAMPA ROAD
SUITE 17
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 20-5418838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NICHOLAS, JEAN
3150 TAMPA ROAD
SUITE 17
OLDSMAR, FL 34677 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: PTD ( ) Delete
Name: NICHOLAS, JEAN F
Address: 3150 TAMPA ROAD; SUITE 17
City-St-Zip: OLDSMAR, FL 34677

Title: SD ( ) Delete
Name: KEMOKAI, KADI F
Address: 3150 TAMPA ROAD; SUITE 17
City-St-Zip: OLDSMAR, FL 34677

Title: VPD ( ) Delete
Name: WHITE, JACQUELINE K
Address: 3150 TAMPA ROAD; SUITE 17
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NICHOLAS, JEAN F
Address: 3150 TAMPA ROAD; SUITE 17
City-St-Zip: OLDSMAR, FL 34677

Title: TD (X) Change ( ) Addition
Name: KEMOKAI, KADI F
Address: 3150 TAMPA ROAD; SUITE 17
City-St-Zip: OLDSMAR, FL 34677

Title: SD (X) Change ( ) Addition
Name: WHITE, LATISHA
Address: 3150 TAMPA ROAD; SUITE 17
City-St-Zip: OLDSMAR, FL 34677

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: JEAN F. NICHOLAS PD 01/15/2008

Electronic Signature of Signing Officer or Director — Date