

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J17198

FILED  
May 01, 2006  
Secretary of State

Entity Name: BARBARA KING'S CENTRE FOR EDUCATIONAL SERVICES, INC.

**Current Principal Place of Business:**

5005 LAUREL ST.  
100  
TAMPA, FL 33624 US

**New Principal Place of Business:**

**Current Mailing Address:**

% GENE KING  
15623 GARDENSIDE LANE  
TAMPA, FL 33624

**New Mailing Address:**

FEI Number: 59-2675345      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KING, GENE  
15623 GARDENSIDE LANE  
TAMPA, FL 33624 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KING, BARBARA,  
Address: 15623 GARDENSIDE LANE  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: KING, ALAN  
Address: 18808 PLACE DE ANTIBES  
City-St-Zip: LUTZ, FL

Title: D ( ) Delete  
Name: KING, GENE,  
Address: 15623 GARDENSIDE LANE  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: RIVAS, VICKI  
Address: 4609 WESTFORD CIR  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: KING, BRUCE,  
Address: 849 INDIAN LAKE DRIVE  
City-St-Zip: ATLANTA, GA

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA KING

DP

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date