

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069064

FILED
Jun 25, 2007
Secretary of State

Entity Name: SMART KIDS ACADEMY, LLC

Current Principal Place of Business:

2842 BUCKHORN PRESERVE BOULEVARD
VALRICO, FL 33594

New Principal Place of Business:

3512 WEST BAKER STREET
PLANT CITY, FL 33563

Current Mailing Address:

2842 BUCKHORN PRESERVE BOULEVARD
VALRICO, FL 33594

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DOWN, JEFFREY A P.A.
609 WEST LUMSDEN ROAD
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

DOWD, JEFFREY A P.A.
609 WEST LUMSDEN ROAD
BRANDON, FL 33511 US

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: JEFFREY A. DOWD

06/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZELAYA, FADE O
Address: 2842 BUCKHORN PRESERVE BOULEVARD
City-St-Zip: VALRICO, FL 33594

Title: MGR (X) Delete
Name: GREEN, SHONDA
Address: 2842 BUCKHORN PRESERVE BOULEVARD
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FADE O. ZELAYA

MGR

06/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date