

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000021901

**FILED**  
**Jan 27, 2009**  
**Secretary of State****Entity Name:** ROYAL KIDZ ACADEMY LLC**Current Principal Place of Business:**19529 SW 54 ST  
MIRAMAR, FL 33029**New Principal Place of Business:****Current Mailing Address:**19529 SW 54 ST  
MIRAMAR, FL 33029**New Mailing Address:****FEI Number:** 01-0888886**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SIMPSON, JANELLA  
19529 SW 54 ST  
MIRAMAR, FL 33029 US**Name and Address of New Registered Agent:**SIMPSON, JEFFREY  
19529 SW 54 ST  
MIRAMAR, FL 33029 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 SIMPSON

01/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** SIMPSON, JANELLA  
**Address:** 19529 SW 54 ST  
**City-St-Zip:** MIRAMAR, FL 33029**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** MGRM ( ) Change (X) Addition  
**Name:** SIMPSON, JEFFREY  
**Address:** 19529 SW 54 ST  
**City-St-Zip:** MIRAMAR, FL 33029

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: JEFFREY SIMPSON

MGRM

01/27/2009

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