2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030379

Aug 30, 2009 Secretary of State

FILED

Entity Name: THE CHILDREN OF THE KING LEARNING CENTER, L.L.C.

Current Principal Place of Business: New Principal Place of Business: 800 N. PINE HILLS ROAD 1225 2ND ST NE WINTER HAVEN, FL 33881 ORLANDO, FL 32808 **Current Mailing Address: New Mailing Address:** 201 WINDING COVE AVENUE P.O BOX 3666 APOPKA, FL 32703 WINTER HAVEN, FL 33885 FEI Number: 74-3255251 FEI Number Applied For () 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: Name and Address of New Registered Agent: ETIENNE, CARILLE M 201 WINDING COVE AVENUE APOPKA, FL 32703 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: (X) Change () Addition () Delete ETIENNE, CARILLE M ETIENNE, CARILLE M Name: Name: Address: 201 WINDING COVE AVE Address: 201 WINDING COVE AVE City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703 Title: Title: MR. () Change (X) Addition () Delete Name: Name: MICHEL, HUBBERT Address: Address: 5964 BOLLING DR. City-St-Zip: City-St-Zip: ORLANDO, FL 32808 Title: () Delete Title: MR. () Change (X) Addition MICHEL, ALEX Name: Name: P.O. BOX 3666 Address: Address: City-St-Zip: City-St-Zip: WINTER HAVEN, FL 33885 Title: () Delete Title: MR. () Change (X) Addition Name: Name: MICHEL, PATRICK Address: Address: 525 SOUTH CONWAY RD City-St-Zip: City-St-Zip: ORLANDO, FL 32807

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: CARILLE ETIENNE MRS. 08/30/2009