


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # M67874 1. Entity Name KINDER KAMPUS, INC.	
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Principal Place of Business 640 STATE ROAD 434 WINTER SPRINGS, FL 32708	Mailing Address 640 STATE ROAD 434 WINTER SPRINGS, FL 32708
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DO NOT WRITE IN THIS SPACE

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02172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2866201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEIGH, RICHARD A.
1031 W MORSE BLVD STE 350
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stacking) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOKES, JUDITH P. 720 S CHICKASAW TRAIL ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOKES, KEITH C. 720 S CHICKASAW TRAIL ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12/29/05-89055-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judith Stokes Judith Stokes 2-25-05 407-327-4613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #