

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90455 044 ****61.25

DOCUMENT # N00000001519 1. Entity Name KIDS - N - CARE LEARNING CENTER INC.					
Principal Place of Business 4429 CYPRESS ST ORLANDO, FL 32811			Mailing Address 750 S ORANGE BLOSSOM TRAIL SUITE 174 ORLANDO, FL 32805		
2. Principal Place of Business <i>4429 Cypress Street</i> Suite, Apt. #, etc. <i># A</i>			3. Mailing Address <i>P.O. Box 622615</i> Suite, Apt. #, etc.		
City & State <i>Orlando FL</i>		City & State <i>Orlando FL</i>		02052004 Chg-NP CR2E037 (10/03)	
Zip <i>32811</i>		Country <i>Orange</i>		4. FEI Number <i>59-3623356</i> <i>Change attached.</i>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JONES, ESSIE 4842 VICTORY DR ORLANDO, FL 32808			7. Name and Address of New Registered Agent Name <i>Jones, Essie</i> Street Address (P.O. Box Number is Not Acceptable) <i>5011 Polaris Street West</i> City <i>Orlando</i> <i>FL</i> Zip Code <i>32819</i>		
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 <i>Cassie Jones</i> DATE <i>4/21/04</i> <small>(NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDJ JONES, ESSIE <input type="checkbox"/> Delete 750 S ORANGE BLOSSOM TRAIL, SUITE 174 ORLANDO, FL 32805				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STC JAGGON, STEPHANIE <input type="checkbox"/> Delete 750 S ORANGE BLOSSOM TRAIL, SUITE 174 ORLANDO, FL 32805				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO SMITH, ROSALIND <input type="checkbox"/> Delete 750 S ORANGE BLOSSOM TRAIL, SUITE 174 ORLANDO, FL 32805				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM VIOLA, KNIGHT <input type="checkbox"/> Delete 3850 COUNTRY CLUB, APT 310 ORLANDO, FL 32808				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WATSON, BOBBY <input checked="" type="checkbox"/> Delete 4600 LENOX BLVD ORLANDO, FL 32811				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(same) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5011 Polaris St W # Apt A</i> <i>Orlando, FL 32819</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(same) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5011 Polaris St W Apt B</i> <i>Orlando, FL 32819</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Rosalinda Smith</i> <i>4506 Brooke Street</i> <i>Orlando, FL 32811</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Knight, Viola</i> <i>3850 W.D. Judge 104 W.</i> <i>Orlando, FL 32808</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
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 617, 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: <i>Cassie Jones</i> DATE <i>4/21/04</i> (407) 578-5797 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					