

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 24, 2008
Secretary of State

DOCUMENT# N01000002507

Entity Name: RAWLS KIDDIE KASTLE, INC

Current Principal Place of Business:2452 W.28TH ST.
JACKSONVILLE, FL 32209**New Principal Place of Business:**5786 MCLEOD AVENUE
JACKSONVILLE, FL 32219**Current Mailing Address:**2452 W.28TH ST.
JACKSONVILLE, FL 32209**New Mailing Address:**5786 MCLEOD AVENUE
JACKSONVILLE, FL 32219

FEI Number: 59-3714421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:RAWLS, DEBORAH A
2452 W.28TH STREET
JACKSONVILLE, FL 32209 US**Name and Address of New Registered Agent:**CRAIG, CARLA E
4547 BARRINGTON OAKS DRIVE
JACKSONVILLE, FL 32229 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: CARLA E. CRAIG

06/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: RAWLS, DEBORAH A
Address: 2452 W.28TH STREET.
City-St-Zip: JACKSONVILLE, FL 32209Title: S () Delete
Name: BROWN, LATORIA R
Address: 2452 W.28TH ST.
City-St-Zip: JACKSONVILLE, FL 32209Title: DT () Delete
Name: BROWN, ANTOINE
Address: 2452 W 28TH ST.
City-St-Zip: JACKSONVILLE, FL 32209Title: C () Delete
Name: RAWLS, HENRY
Address: 2452 W 28TH ST.
City-St-Zip: JACKSONVILLE, FL 32209**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change () Addition
Name: RAWLS, DEBORAH A
Address: 2452 W.28TH STREET.
City-St-Zip: JACKSONVILLE, FL 32209Title: S (X) Change () Addition
Name: CRAIG, CARLA A
Address: 4547 BARRINGTON OAKS DR
City-St-Zip: JACKSONVILLE, FL 32257Title: DT (X) Change () Addition
Name: CRAIG, CARLA E
Address: 4547 BARRINGTON OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257Title: C (X) Change () Addition
Name: CRAIG, CARLA E
Address: 4547 BARRINGTON OAKS DR
City-St-Zip: JACKSONVILLE, FL 32257

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLA E. CRAIG

P

06/24/2008

Electronic Signature of Signing Officer or Director

Date