


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90015 002 ****61.25

DOCUMENT # NO10000006681	
1. Entity Name Sonji's Kidi Care, Inc.	

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50064318

2. Principal Place of Business Sonji's Kidi Care, Inc.		3. Mailing Address Learning Center	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State 827 S Spring Garden Ave DeLand, FL 32720		City & State	
Zip (386) 943-9989	Country Volusia	Zip	

DO NOT WRITE IN THIS SPACE

4. FEI Number ID # 30-0235453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name Spiegel & Ultrera, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor	
City FL	Zip Code

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 Ann L. Bruter	DATE 8/18/05

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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	President SONJI LAYON BRUTEN 1831 W. Elyria Ave DeLand FL 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Stephen Bernard Bruter 1231 W. Elyria Ave DeLand FL 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUBY LEE SOLIMON 821 E. Blissford Ave DeLand FL 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.	
SIGNATURE: Ann L. Bruter	DATE 8/18/05 (386) 943-9989

CR2E034B (12/02)