

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91284 032 ****61.25



DOCUMENT # N03000008576
1. Entity Name
KIDZ CONNECTION LEARNIG CENTER INC.

Principal Place of Business: **600 FORT SMITH DELTONA FL 32738 US**
Mailing Address: **2877 FIFER DR. DETONA FL 32738 US**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number Applied For / Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **CORKINS, THOMAS E 2877 FIFER DR. DELTONA FL 32738**
7. Name and Address of New Registered Agent: Name, Street Address, 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: *Thomas E. Corkins* DATE: **4-22-04**

FILE NOW: FEE IS \$61.25 Due By May 1, 2004
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---|---|---|
| TITLE: P | CORKINS, MICHELE M 2877 FIFER DR. DELTONA FL 32738 | <input type="checkbox"/> Delete | |
| TITLE: VP | CORKINS, THOMAS E 2877 FIFER DR. DELTONA FL 32738 | <input type="checkbox"/> Delete | |
| TITLE: TREA | BYRNS, PHYLLIS L 1338 TROLLMAN AVE DELTONA FL 32738 | <input type="checkbox"/> Delete | |
| TITLE: BM | FINNEGAN, RENEE 146 SPRINGHURST CIR. LAKE MARY FL 32746 | <input type="checkbox"/> Delete | |
| TITLE: BM | DOYLE, DIANE 179 TIM TAM CT. LAKE MARY FL 32746 | <input checked="" type="checkbox"/> Delete | |
| TITLE: BM | GETCHELL, LAURA 2501 ARSLAN ST DELTONA FL 32738 | <input type="checkbox"/> Delete | |
| | | | TITLE: <i>GLORIA JEAN SPARKS</i> NAME: <i>2769 NORCHESTER</i> STREET ADDRESS: <i>DELTONA, FL 32738</i> CITY-ST-ZIP: <i>32738</i> <input checked="" type="checkbox"/> Change <input 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: *Michele Corkins* DATE: **4-22-04** 380
Daytime Phone #: **689-0250**