


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90209 001 \*\*\*\*\*8.75  
 05-05-2006 90209 002 \*\*\*\*\*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  
**600 FORST SMITH BLVD DELTONA FL 32738 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State  
 Zip Country

4. FEI Number **26-0075526** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORKINS, THOMAS M  
 2877 FIFER DR  
 DELTONA FL 32738**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
 Due By: May 1, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORKINS, MICHELE M 2877 FIFER DR. DELTONA FL 32738 <i>change address</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORKINS, THOMAS E 2877 FIFER DR. DELTONA FL 32738 <i>change address</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BYRNS, PHYLLIS L 1338 TROLLMAN AVE DELTONA FL 32738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM FINNEGAN, RENEE 146 SPRINGHURST CIR. LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SPARKS, GLORIA JEAN 200 TERRACE HILL BLVD DEBARY FL 32713 <input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM GETCHELL, LAURA 2501 ARSLAN ST DELTONA FL 32738	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1971 Piper Ter Deltona, FL 32738	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1971 Piper Ter Deltona, FL 32738	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* **1-27-06 386 837-3372**