


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 08:00 AM
Secretary of State

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 26-0075526		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent CORKINS, THOMAS M 2531 CANDLEWICK ST. 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	
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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.

U00000811077
 05/07/08 00026 001 \$1.25
 DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	
NAME	CORKINS, MICHELE M <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2531 CANDLEWICK ST.	STREET ADDRESS	
CITY- ST- ZIP	DELTONA FL 32738	CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORKINS, THOMAS E	NAME	
STREET ADDRESS	2531 CANDLEWICK ST.	STREET ADDRESS	
CITY- ST- ZIP	DELTONA FL 32738	CITY- ST- ZIP	
TITLE	TREA XXXXXXXXXX	TITLE	<input type="checkbox"/> Addition
NAME	ONEILL, LUZ	NAME	
STREET ADDRESS	2724 NEWMARK DR.	STREET ADDRESS	
CITY- ST- ZIP	DELTONA FL 32738	CITY- ST- ZIP	
TITLE	BM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINNEGAN, RENEE	NAME	
STREET ADDRESS	146 SPRINGHURST CIR.	STREET ADDRESS	
CITY- ST- ZIP	LAKE MARY FL 32746	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

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* 4-15-08