

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004462

FILED
May 01, 2007
Secretary of State

Entity Name: KIDS N' ALL LEARNING CENTER, INC. #1

Current Principal Place of Business:

743 SOUTH WALNUT
STARKE, FL 32091

New Principal Place of Business:

209 SW 75TH STREET
GAINESVILLE, FL 32607

Current Mailing Address:

P O BOX 358170
GAINESVILLE, FL 32635

New Mailing Address:

FEI Number: 56-2445560 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CUMMINGS, BARBARA
1302 N.W. 12TH STREET
GAINESVILLE, FL 326014120 US

Name and Address of New Registered Agent:

CUMMINGS, BARBARA
209 SW 75TH STREET
GAINESVILLE, FL 32607 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: _____

05/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CUMMINGS, BARBARA
Address: 1302 N.W. 12TH STREET
City-St-Zip: GAINESVILLE, FL 326014120

Title: V () Delete
Name: CUMMINGS, LEON
Address: 1302 N.W. 12TH STREET
City-St-Zip: GAINESVILLE, FL 326014120

Title: S () Delete
Name: ROCHELLE, CICELY
Address: 1302 N.W. 12TH STREET
City-St-Zip: GAINESVILLE, FL 326014120

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ROCHELLE, CICELY
Address: 209 SW 75TH STREET
City-St-Zip: GAINESVILLE, FL 326014120

Title: TRUS () Change (X) Addition
Name: ROCHELLE, KIM L
Address: 209 SW 75 TH STREET
City-St-Zip: GAINESVILLE, FL 32607 US

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: BARBARA ROCHELLE CUMMINGS

PR

05/01/2007

Electronic Signature of Signing Officer or Director

Date