


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000006474 1. Entity Name KING'S LEARNING CENTER INC.	
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Principal Place of Business 16912 SW 101 PLACE MIAMI, FL 33034 US	Mailing Address 16912 SW 101 PLACE MIAMI, FL 33034 US
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06202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3211956	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WATKINS, MELISSA A 942 N DAVIS PKWY 16 FLORIDA CITY, FL 33034

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IN THIS SPACE**

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, ROSETTA 16912 SW 101 PLACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATKINS, MELISSA A 942 N DAVIS PKWY #16 FLORIDA CITY, FL 3304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMILLAN, VICTORIA D 18115 SW 105 AVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, MARY F 16911 SW 100 PLACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/22/07-80002-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **6/20/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #