2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000006474

TI FILED
Dec 26, 2007
Secretary of State

Entity Name: KING'S LEARNING CENTER INC.

Current Principal Place of Business: New Principal Place of Business:

 16912 SW 101 PLACE
 16912 SW 101 PLACE

 MIAMI, FL 33034 US
 MIAMI, FL 33157 US

Current Mailing Address: New Mailing Address:

 16912 SW 101 PLACE
 16912 SW 101 PLACE

 MIAMI, FL 33034 US
 MIAMI, FL 33157 US

FEI Number: 20-3211956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WATKINS, MELISSA A
942 N DAVIS PKWY
16

KING, ROSETTA
942 N DAVIS PKWY
16

FLORIDA CITY, FL 33034 US FLORIDA CITY, FL 33034 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: ROSETTA KING 12/26/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 KING, ROSETTA
 Name:

 Address:
 16912 SW 101 PLACE
 Address:

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 WATKINS, MELISSA A
 Name:

 Address:
 942 N DAVIS PKWY #16
 Address:

 City-St-Zip:
 FLORIDA CITY, FL 3304 US
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 MCMILLAN, VICTORIA D
 Name:

 Address:
 18115 SW 105 AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33157 US
 City-St-Zip:

 $\label{eq:time_state} {\sf Title:} \qquad \qquad {\sf S} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad \qquad (\) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 JOHNSON, MARY F
 Name:

 Address:
 16911 SW 100 PLACE
 Address:

 City-St-Zip:
 MIAMI, FL 33157 US
 City-St-Zip:

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: ROSETTA KING P 12/26/2007