2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 24, 2007
Secretary of State

DOCUMENT# N06000009998

Entity Name: A CHILD'S L EARNING KINGDOM INC.

Current Principal Place of Business:

3520 NW 13TH ST.
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

2420 NE 65TH TERRANCE
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 33-1142605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

GRAHAM, CLYDE
2420 NE 65TH TERRANCE
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

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: CLYDE GRAHAM
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: GRAHAM, JEAN D
Address: 2420 NE 65TH TERRANCE
City-St-Zip: GAINESVILLE, FL 32609 US

Title: BM1 ( ) Delete
Name: GRAHAM, PAMELA R
Address: 7811 SW 62ND COURT
City-St-Zip: OCALA, FL 34476 US

Title: BM2 ( ) Delete
Name: GRAHAM, STACEY B
Address: 7811 SW 62ND COURT
City-St-Zip: OCALA, FL 34476 US

Title: BM3 ( ) Delete
Name: HENDERSON, TRACEY L
Address: 6866 17TH SOUTH
City-St-Zip: ST.PETERSBURG, FL 33712 US

Title: BM4 ( ) Delete
Name: GRAHAM, CLYDE A JR.
Address: 100004 NW 4TH PLACE
City-St-Zip: GAINESVILLE, FL 32607 US

Title: BM5 ( ) Delete
Name: MCCOLLOUGH, PATRICIA
Address: 3520 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: CLYDE GRAHAM DIR 10/24/2007
Electronic Signature of Signing Officer or Director — Date