2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N07000008368

Entity Name: SMOKEY BEAR KIDDY COLLEGE INC

Current Principal Place of Business:

2500 NE 15 STREET
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

2400 NE 15TH STREET
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 52-1922339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SORRELL, ALBERT L
2400 NE 15TH STREET
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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SORRELL, ALBERT L	
Address:	2400 NE 15TH STREET	
City-St-Zip:	GAINESVILLE, FL 32609	
Title:	VP,S	( ) Delete
Name:	SORRELL, PAMELA E	
Address:	2400 NE 15TH STREET	
City-St-Zip:	GAINESVILLE, FL 32609	
Title:	T,D	( ) Delete
Name:	BULLOCK, JESSICA	
Address:	30 C RED OAK LANE	
City-St-Zip:	OLD BRIDGE, NJ 08857	
Title:	D	(X) Delete
Name:	WILLIAMS, FRANCES H	
Address:	2837 NE 13TH DRIVE	
City-St-Zip:	GAINESVILLE, FL 32609	
Title:	D	(X) Delete
Name:	HALSTAD, GENEVA	
Address:	6815 W UNIVERSITY AVENUE APT. 9105	
City-St-Zip:	GAINESVILLE, FL 32609	
Title:	D	(X) Delete
Name:	SORRELL, ALBERT L	
Address:	2400 NE 15TH STREET	
City-St-Zip:	GAINESVILLE, FL 32609	

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: ALBERT SORRELL P 01/27/2009

Electronic Signature of Signing Officer or Director — Date