

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2008  
Secretary of State**

DOCUMENT# N07000008500

Entity Name: SUPER KIDS CHRISTIAN ACADEMY INC.

**Current Principal Place of Business:**

801 SOUTH 14TH ST.  
HAINES CITY, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

801 SOUTH 14TH ST.  
HAINES CITY, FL 33897

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

MURUGAN, EDNA  
321 DOWNING CIR.  
DAVENPORT, FL 33897      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:                      D                      ( ) Delete  
Name:                      MURUGAN, EDNA  
Address:                      801 SOUTH 14TH ST.  
City-St-Zip:                      HAINES CITY, FL 33897

Title:                      D                      ( ) Delete  
Name:                      SUMNER, DARRYLL  
Address:                      10 EDINBURG DR.  
City-St-Zip:                      HAINES CITY, FL 33844

Title:                      D                      ( ) Delete  
Name:                      ORTIZ, DONNA  
Address:                      2103 PRYOR AVE.  
City-St-Zip:                      HAINES CITY, FL 33844

Title:                      D                      ( ) Delete  
Name:                      PLEPER, RICHARD  
Address:                      316 ASHLEY  
City-St-Zip:                      HAINES CITY, FL 33844

**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:

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: EDNA MURUGAN

D

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date