2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N08000005326

Entity Name: KIDSANCTUARY CAMPUS, INC.

Current Principal Place of Business:

350 SOUTH COUNTY ROAD
208
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

350 SOUTH COUNTY ROAD
208
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 42-1764903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANKINO, CONNIE M
350 SOUTH COUNTY ROAD
208
PALM BEACH, FL 33480 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: FRANKINO, CONNIE M
Address: 350 SOUTH COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: VP ( ) Delete
Name: MYURA, PATTY
Address: 350 SOUTH COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: ECT ( ) Delete
Name: DESANTIS, PATRICK M
Address: 350 SOUTH COUNTY RD
City-St-Zip: PALM BEACH, FL 33480

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: NISBERG, SALLY
Address: 350 SOUTH COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: ED (X) Change ( ) Addition
Name: DESANTIS, PATRICK M
Address: 350 SOUTH COUNTY RD
City-St-Zip: PALM BEACH, FL 33480

Title: T ( ) Change (X) Addition
Name: ZIV, SY
Address: 350 SOUTH COUNTY RD
City-St-Zip: PALM BEACH, FL 33480

Title: S ( ) Change (X) Addition
Name: FLAGG, CATHY
Address: 350 SOUTH COUNTY RD
City-St-Zip: PALM BEACH, FL 33480

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: PATRICK DESANTIS ED 04/20/2009

Electronic Signature of Signing Officer or Director — Date