

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010076

FILED
Aug 12, 2009
Secretary of State

Entity Name: KINDERGARTEN PREP, INC.

Current Principal Place of Business:

3186 ABBINGTON STREET
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

3186 ABBINGTON STREET
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 26-2145071 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:

Name and Address of New Registered Agent:

WEGRZYNEK, LINDA M
3186 ABBINGTON STREET
NORTH PORT, FL 34286 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEGRZYNEK, LINDA
Address: 3186 ABBINGTON STREET
City-St-Zip: NORTH PORT, FL 34286

Title: MBR () Delete
Name: HEYDET, JENNIFER
Address: 1230 GAUCHO TERRACE
City-St-Zip: NORTH PORT, FL 34286

Title: MBR () Delete
Name: MOORE, MICHELLE
Address: 1500 MARASCO LANE
City-St-Zip: NORTH PORT, FL 34286

Title: MBR () Delete
Name: SHAE, MARTA
Address: 175C GOLF CLUB LANE
City-St-Zip: VENICE, FL 34293

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: LINDA WEGRZYNEK

MS

08/12/2009

Electronic Signature of Signing Officer or Director

Date