2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# N96000000078

Entity Name: KIDS HOUSE OF SEMINOLE, INC.

Current Principal Place of Business:

5467 NORTH RONALD REAGAN BLVD.
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

5467 NORTH RONALD REAGAN BLVD.
SANFORD, FL 32773

New Mailing Address:

FEI Number: 59-3415005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CRAWFORD, NANCY D
5467 NORTH RONALD REAGAN BLVD.
SANFORD, FL 32773 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: CE
Name: BERNSTEIN, MARIE
Address: 2104 LAKE HAVE POINT
City-St-Zip: LONGWOOD, FL 32779

Title: C
Name: SMITH, GEORGE
Address: PO BOX 471028
City-St-Zip: LAKE MONROE, FL 32747

Title: PC
Name: BOWMAN, DENNY
Address: 940 WILLISTON PARK POINT
City-St-Zip: LAKE MARY, FL 32746

Title: VC
Name: BOB, BURKE
Address: 1130 BUSINESS CENTER DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: S
Name: CUBILLOS, AILEEN
Address: 2400 BEDFORD ROAD 2ND FLOOR
City-St-Zip: ORLANDO, FL 32803

Title: ED
Name: CRAWFORD, NANCY
Address: 5467 NORTH RONALD REAGAN BLVD.
City-St-Zip: SANFORD, FL 32773 US

I hereby 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 all other like empowered.

SIGNATURE: NANCY CRAWFORD ED 02/16/2011

Electronic Signature of Signing Officer or Director — Date