

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90244 014 ***150.00

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1. Entity Name
KIDS KINGDOM DAY CARE AND CHRISTIAN ACADEMY INC.



Principal Place of Business
**1342 BRUTON BLVD
ORLANDO, FL 32811**

Mailing Address
**983-DREW AVENUE
ORLANDO, FL 32805**

40031401



04272008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3645673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEE, MICHAEL D
983-DREW AVENUE
ORLANDO, FL 32805**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when re-statuting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LEE, MICHAEL D**
STREET ADDRESS **983-DREW AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE ☒ Change ☐ Addition
NAME **Lee, Michael D**
STREET ADDRESS **7110 W. Livingston St.**
CITY-ST-ZIP **Orlando, FL 32805**

TITLE **D** ☐ Delete
NAME **LEE, ANDREA A**
STREET ADDRESS **983-DREW AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE ☒ Change ☐ Addition
NAME **Lee, Andrea A**
STREET ADDRESS **7110 W. Livingston St.**
CITY-ST-ZIP **Orlando, FL 32805**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrea A. Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/08

(407) 522-7382
Date Daytime Phone #