

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P00000039732</b> 1. Entity Name <b>KAYLEEN'S LEARNING CENTER CORP.</b>						<b>FILED</b> <b>07 MAY 21 PM 4:12</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>					
Principal Place of Business <b>10855 S.W. 72 ST., BAY 30</b> <b>MIAMI, FL 33173</b>				Mailing Address <b>10855 S.W. 72 ST., BAY 30</b> <b>MIAMI, FL 33173</b>							
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	05182007    Chg-P    CR2E034 (12/06)		4. FEI Number <b>65-1030378</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>TEJEDA, MARISOL</b> <b>410 SW 136TH AVE</b> <b>MIAMI, FL 33184</b>				7. Name and Address of New Registered Agent Name _____			
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>								Street Address (P.O. Box Number is Not Acceptable) _____		City _____	
								State <b>FL</b>		Zip Code _____	
								Date _____		Date _____	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEJEDA, LAZARA T 3459 SW 112 COURT MIAMI, FL 33165 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>000103729510</b> <b>06/01/07--01052--002 **150.00</b>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEJEDA, MARISOL T 410 SW 136TH AVE MIAMI, FL 33184 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMARANTE, AMAURY 410 SW 136 AVE MIAMI, FL 33184 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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.											
<b>SIGNATURE:</b>											
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>											
<small>Date</small>											
<small>Daytime Phone #</small>											