2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000029411

Entity Name: KGK LEARNING CENTERS, INC.

FILED Nov 04, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

2401 SE SIDONIA STREET PORT ST. LUCIE, FL 34952

Current Mailing Address: New Mailing Address:

131 NW SWANN MILL CIRCLE PORT ST. LUCIE, FL 34986

FEI Number: 02-0577342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KNOWLES, WARREN R JR.

131 NW SWANN MILL CIRCLE
PORT ST. LUCIE, FL 34986 US

KNOWLES, KATHLEEN G
131 NW SWANN MILL CIRCLE
PORT ST. LUCIE, FL 34986 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: KATHLEEN KNOWLES 11/04/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 KNOWLES, KATHLEEN G
 Name:

 Address:
 131 NW SWANN MILL CIRCLE
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 34986
 City-St-Zip:

() Delete Title: Title: (X) Change () Addition KNOWLES, WARREN JR Name: KNOWLES, WARREN R JR Name: 131 NW SWANN MILL CIRCLE Address: 131 NW SWANN MILL CIRCLE Address: PORT ST. LUCIE, FL 34986 PORT ST. LUCIE, FL 34986 City-St-Zip: 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN KNOWLES PD 11/04/2009