
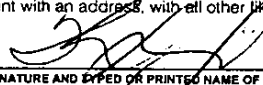


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90034 019 ***150.00

DOCUMENT # P03000018597					
1. Entity Name KIDWORKS LEARNING & ACTIVITY CENTER, INC.					
Principal Place of Business 14050 SW. 84th Street, Ste.# 204 Miami, FL 33183-4440		Mailing Address 14050 SW. 84th Street, Ste.# 204 Miami, FL 33183-4440			
2. Principal Place of Business 14050 SW 84th Street		2. Mailing Address 14050 SW 84th Street			
Suite, Apt. #, etc. Suite # 204		Suite, Apt. #, etc. Suite # 204		01132006 Chg-P CR2E034 (11/05)	
City & State Miami, FL		City & State Miami, FL		4. FEI Number 57-1162249	
Zip 33183-4440		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33183-4440		Country 33183-4440		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARQUEZ & MARCELO-ROBAINA, P.A. 6303 BLUE LAGOON DRIVE SUITE 390 MIAMI, FL 33126-6005			7. Name and Address of New Registered Agent		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MARQUEZ-MOLINA, KAREN 6303 BLUE LAGOON DRIVE-SUITE 390 MIAMI, FL 331266005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MARQUEZ-MOLINA, KAREN 14050 SW 84th Street, Ste.# 204 Miami, FL 33183-4440 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARQUEZ-MOLINA, KAREN 6303 BLUE LAGOON DRIVE-SUITE 390 MIAMI, FL 331266005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARQUEZ-MOLINA, KAREN 14050 SW. 84th Street, Ste.# 204 Miami, FL 33183-4440 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.					
SIGNATURE: _____				3/22/06 305-385-2200 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					