

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060060

Entity Name: KING'S KIDS ACADEMY, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

3520 NW 170 ST.
MIAMI, FL 33056

New Principal Place of Business:

2818 NW 169 TERR
MIAMI, FL 33056

Current Mailing Address:

3520 NW 170 ST.
MIAMI, FL 33056

New Mailing Address:

FEI Number: 59-3782750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ARILICIA
3520 NW 170 ST.
MIAMI, FL 33056

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, ARILICIA
Address: 3520 NW 170 ST.
City-St-Zip: MIAMI, FL 33056

Title: VD () Delete
Name: RILEY, KATRINA
Address: 16235 NW 40 CT.
City-St-Zip: MIAMI, FL 33055

Title: SD () Delete
Name: PSOTELL, SHRONDA
Address: 270 NW 159 ST.
City-St-Zip: MIAMI, FL 33159

Title: T () Delete
Name: RODGERS, PRIDGY
Address: 20521 NW 17 AVE.
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAMS

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date