## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000060060

City-St-Zip:

MIAMI, FL 33159

Entity Name: KING'S KIDS ACADEMY, INC

FILED May 01, 2007 Secretary of State

| Littly Nai                                    | ille. Kilvooi                                       | AIDS ACADEIVIT, INC.  |   |  |  |
|---|---|---|---|--|--|
| Current P                                     | rincipal Plac                                       | e of Business:  | New Principal Place o                         | New Principal Place of Business:             |  |
| 2818 NW <sup>-</sup><br>MIAMI, FL             |   |   |   |  |  |
| Current Mailing Address:                      |   |   | New Mailing Address:                          |  |  |
| 2818 NW <sup>.</sup><br>MIAMI GAI             | 169 TERR<br>RDENS, FL 3                             | 33056   |   |  |  |
| FEI Number:                                   | : 59-3782750  | FEI Number Applied For()  | FEI Number Not Applicable ( )                 | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |   |   | Name and Address of                           | Name and Address of New Registered Agent:    |  |
| WILLIAMS<br>3520 NW<br>MIAMI, FL              |   | 3   |   |  |  |
| The above in the State                        | named entity<br>e of Florida.                       | submits this statement for the p                                      | ourpose of changing its registered            | office or registered agent, or both,         |  |
| SIGNATUR                                      | RE:   |   |   |  |  |
| Electronic Signature of Registered Agent      |   |   | ent   | Date   |  |
|   |   | 93(2)(b), F.S., the corporation did nong Trust Fund Contribution ( ). | ot receive the prior notice.                  |  |  |
| OFFICERS AND DIRECTORS:                       |   |   | ADDITIONS/CHANGE                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD (<br>WILLIAMS, AF<br>3520 NW 170<br>MIAMI, FL 33 | ST.   | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ) Change ()Addition                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VD (<br>WILLIAMS, DI<br>3520 NW 170<br>MIAMI, FL 33 | ST.   | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ) Change ()Addition                          |  |
| Title:<br>Name:<br>Address:                   | SD (<br>PSOTELL, SH<br>270 NW 159 S                 |   | Title: (<br>Name:<br>Address:                 | ) Change ( ) Addition                        |  |

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.

City-St-Zip:

SIGNATURE: ARILICIA WILLIAMS PRES 05/01/2007