

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060060

Entity Name: KING'S KIDS ACADEMY, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

2818 NW 169 TERR  
MIAMI, FL 33056

## New Principal Place of Business:

## Current Mailing Address:

2818 NW 169 TERR  
MIAMI GARDENS, 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 US

## 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: WILLIAMS, DERRICK  
Address: 3520 NW 170 ST.  
City-St-Zip: MIAMI, FL 33056

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, ARILICIA  
Address: 978 NW 204 STREET  
City-St-Zip: MIAMI, FL 33169

Title: VD (X) Change ( ) Addition  
Name: WILLIAMS, DERRICK  
Address: 978 NW 204 STREET  
City-St-Zip: MIAMI, FL 33169

Title: SD (X) Change ( ) Addition  
Name: PSOTELL, SHRONDA  
Address: 2011 RUTLAND STREET  
City-St-Zip: MIAMI, FL 33054

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: ARILICIA WILLIAMS

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date