

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060764

FILED
Apr 29, 2005
Secretary of State

Entity Name: KIDS ONLY CHILDCARE, INC.

Current Principal Place of Business:

898 FOREST SHORE DRIVE
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

898 FOREST SHORE DRIVE
DESTIN, FL 32550

New Mailing Address:

898 FOREST SHORE DRIVE
MIRAMAR BEACH, FL 32550

FEI Number: 59-3611108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUNDAL, JENNIFER
898 FOREST SHORE DRIVE
DESTIN, FL 32550 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: SUNDAL, JENNIFER
Address: 898 FOREST SHORE DRIVE
City-St-Zip: DESTIN, FL 32550

Title: VD () Delete
Name: SUNDAL, DONALD JR
Address: 898 FOREST SHORE DRIVE
City-St-Zip: DESTIN, FL 32550

Title: SD () Delete
Name: SUNDAL, KENSIE
Address: 898 FOREST SHORE DRIVE
City-St-Zip: DESTIN, FL 32550

Title: TD () Delete
Name: SUNDAL, ALLYSON
Address: 898 FOREST SHORE DRIVE
City-St-Zip: DESTIN, FL 32550

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: JENNIFER SUNDAL

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date