2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060764

Entity Name: KIDS ONLY CHILDCARE, INC.

FILED Jul 30, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

898 FOREST SHORE DRIVE
DESTIN, FL 32550

898 FOREST SHORE DRIVE
MIRAMAR BEACH, FL 32550 US

Current Mailing Address: New Mailing Address:

898 FOREST SHORE DRIVE
MIRAMAR BEACH, FL 32550

898 FOREST SHORE DRIVE
MIRAMAR BEACH, FL 32550 US

FEI Number: 59-3611108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUNDAL, JENNIFER SUNDAL, JENNIFER P
898 FOREST SHORE DRIVE
DESTIN, FL 32550 US
SUNDAL, JENNIFER P
898 FOREST SHORE DRIVE
MIRAMAR BEACH, FL 32550 US

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: JENNIFER SUNDAL 07/30/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SUNDAL, JENNIFER SUNDAL, JENNIFER P Name: Name: 898 FOREST SHORE DRIVE 898 FOREST SHORE DRIVE Address: Address: DESTIN, FL 32550 City-St-Zip: City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: VD () Delete Title: T (X) Change () Addition Name: SUNDAL, DONALD JR Name: SUNDAL, JENNIFER P

Address: 898 FOREST SHORE DRIVE Address: 898 FOREST SHORE DRIVE City-St-Zip: DESTIN, FL 32550 City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: SD (X) Delete Title: () Change () Addition

 Name:
 SUNDAL, KENSIE
 Name:

 Address:
 898 FOREST SHORE DRIVE
 Address:

 City-St-Zip:
 DESTIN, FL 32550
 City-St-Zip:

Title: TD (X) Delete Title: () Change () Addition

 Name:
 SUNDAL, ALLYSON
 Name:

 Address:
 898 FOREST SHORE DRIVE
 Address:

 City-St-Zip:
 DESTIN, FL 32550
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JENNFER P KOLLAR- SUNDAL P 07/30/2006