

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90072 007 ***150.00

DOCUMENT # P03000126696					
1. Entity Name ACADEMY FOR KIDS, INC.					
Principal Place of Business 2375 CANOE CREEK ROAD SAINT CLOUD, FL 34769 US			Mailing Address 1913 BARCO COURT ST. CLOUD, FL 24769 US		
2. Principal Place of Business		3. Mailing Address 2375 CANOE CREEK RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ST. CLOUD, FL 34769		4. FEI Number 05-0590390	
Zip		Country 34769 US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WATSON, KARREN K 1913 BARCO COURT ST. CLOUD, FL 34769				7. Name and Address of New Registered Agent Name: WATSON, KARREN K Street Address (P.O. Box Number is Not Acceptable): 2375 CANOE CREEK ROAD City: SAINT CLOUD FL Zip Code: 34769	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WATSON, KARREN K <input type="checkbox"/> Delete 1913 BARCO COURT ST. CLOUD, FL 34769		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WATSON, KAREN K <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2375 CANOE CREEK ROAD ST. CLOUD, FL 34769	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO WATSON, DAROL W <input type="checkbox"/> Delete 1913 BARCO COURT ST. CLOUD, FL 34769		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO WATSON, DAROL W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2375 CANOE CREEK ROAD ST. CLOUD, FL 34769	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Karren Watson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-12-05 407-891-0353 Date Daytime Phone #		