2006 FOR PROFIT CORPORATION

TITLE NAME STREET ADDRESS COY-ST- 7P

FILED ANNUAL REPORT Jan 17, 2006 08:00 AM Secretary of State DOCUMENT # P04000028715 FOR KIDS OF GAINESVILLE, INC. Principal Place of Business Mailing Address 8602 SW 42ND PLACE 8602 SW 42ND PLACE GAINESVILLE, FL 32608 GAINESVILLE, FL 32608 01082006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FE) Number Applied For 27-0079268 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MARTIN, SALLY J DO NOT WRITE 8602 SW 42ND PLACE GAINESVILLE, FL 32608 IN THIS SPACE 3. 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. Signature, byged or orinted name of registered agent and little if anglicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE NAME WIGGINS, HAROLD Q 423 NW 102ND TERRACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32607 HURINITAR (301 MILE 01/19/06-80058-007 150.00 WIGGINS, TERRY A NAME STREET ADDRESS 423 NW 102ND TERRACE CITY-ST-TIP GAINESVILLE, FL 32607 D TIME MARTIN, TOMAS D NAME STREET ADDRESS 8602 SW 42ND PLACE DO NOT WRITE CITY-ST-ZIP GAINESVILLE, FL 32608 IN THIS SPACE TITLE n NAME MARTIN, SALLY J STREET ADDRESS 8602 SW 42ND PLACE CITY-ST-ZIP GAINESVILLE, FL 32608 τια ε NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter (19, Florida Statutes, 1 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: _	X	Mart.	Tres.	Sally	Martin	1-	11-06	, 3523354268
-	SHANA	TURE AND TYPED OR PRINTED	NAME OF SIGNING OF	FIGER OR DIRECTOR			Date	Couring Prope #