



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90008 026 \*\*\*150.00

<b>DOCUMENT # P04000097194</b> 1. Entity Name <b>KIDS' EDU-CONNECTIONS, INC.</b>					
Principal Place of Business <b>9122 GRIFFIN ROAD COOPER CITY, FL 33328</b>			Mailing Address <b>9122 GRIFFIN ROAD COOPER CITY, FL 33328</b>		
2. Principal Place of Business <b>X 11727 NW 39th St.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07062006      Chg-P      CR2E034 (11/05)	
City & State <b>SUNRISE FL</b>		City & State		4. FEI Number <b>20-1295598</b>	
Zip <b>33323</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GROSSMAN, DANIEL B 9122 GRIFFIN ROAD COOPER CITY, FL 33328</b>				7. Name and Address of New Registered Agent Name <b>Jacqueline B. Matzirakis</b> Street Address (P.O. Box Number is Not Acceptable) <b>X 11727 NW 39th Street</b> City <b>X Sunrise</b> <b>FL</b> Zip Code <b>33323</b>	
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 <b>X [Signature] Jacqueline B. Matzirakis</b> DATE <b>X 7/14/2006</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP <b>MATZIRAKIS, JACQUELINE B</b> <b>9122 GRIFFIN ROAD</b> <b>COOPER CITY, FL 33328</b>	<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	
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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: <b>X [Signature] Jacqueline B. Matzirakis</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <b>X 7/14/2006</b>		DAYTIME PHONE: <b>X 954-578-8768</b>