


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008 8:00 am
Secretary of State

08-27-2008 90010 050 ***150.00

DOCUMENT # P05000037346	
1. Entity Name A CHILDREN'S KASTLE EARLY LEARNING CENTER, INC.	

Principal Place of Business 950 SOUTH MULRENNAN ROAD VALRICO, FL 33594	Mailing Address 5706 EAGLEMOUNT CIRCLE LITHIA, FL 33547 950 South mulrennan Rd Valrico, FL 33594
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40111101

08202008 No Chg-P CR2E034 (11/05)

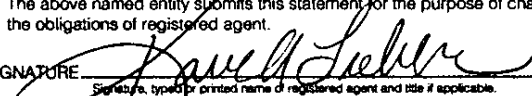
4. FEI Number 20-2171206	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LIEBLER, KAREN A
5706 EAGLEMOUNT CIRCLE
LITHIA, FL 33547**

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: **8/18/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

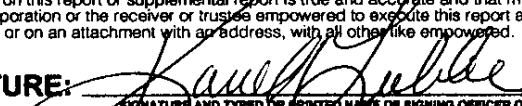
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LIEBLER, KAREN A 5706 EAGLEMOUNT CIRCLE LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LIEBLER, KAREN A 5706 EAGLEMOUNT CIRCLE LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIEBLER, JONATHAN 5706 EAGLEMOUNT CIRCLE LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP operations Liebler, Jeffrey 5706 EAGLEMOUNT CIR Lithia, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: **8/20/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR