2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2012
Secretary of State

DOCUMENT# P06000026525

Entity Name: KING'S KIDS EARLY LEARNING CENTER OF THE PALM BEACHES, INC.

Current Principal Place of Business:

5917 NORTH HAVERHILL ROAD
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

5917 NORTH HAVERHILL ROAD
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 20-4487382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FREEMAN, CAROLYN
6368 C DURHAM DRIVE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

FREEMAN, CAROLYN
561 SW LAKOTA AVE
PORT ST LUCIE, FL 34953 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: _____ 02/22/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: FREEMAN, CAROLYN
Address: 561 SW LAKOTA AVE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: D
Name: FREEMAN, CRYSTAL
Address: 905 LAKESHORE DR APT 309
City-St-Zip: LAKE PARK, FL 33403 US

Title: S
Name: FREEMAN, KATRINA L
Address: 908 SUMMIT LAKE DRIVE
City-St-Zip: GREENACES, FL 33419 US

Title: T
Name: FREEMAN, CAROLYN
Address: 561 SW LAKOTA AVE
City-St-Zip: PORT ST LUCIE, FL 34953 US

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN FREEMAN P 02/22/2012
Electronic Signature of Signing Officer or Director Date