


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000057071	
1. Entity Name ALL ABOUT KIDZ OF OVIEDO, INC.	

Principal Place of Business 387 WEST BROADWAY OVIEDO, FL 32765	Mailing Address 387 WEST BROADWAY OVIEDO, FL 32765
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-P CR2E034 (11/05)

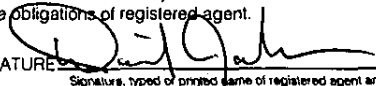
4. FEI Number 20-4757609	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JACKSON, DAVID
536 N WESTMORELAND DR STE 4
ORLANDO, FL 32805

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: 4-9-08

(NOTE: Registered Agent signature required when reinstating)

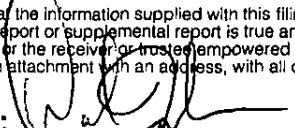
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000393076 04/23/08-00090-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JACKSON, DAVID 536 N WESTMORELAND DR STE 4 ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINE, ERIC 536 N WESTMORELAND DR STE 4 ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 4-9-08 DAYTIME PHONE: 407-365-5621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR