

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000058701

FILED
Sep 01, 2009
Secretary of State

Entity Name: KIDDIE KORRAL CHILD CARE, INC.

Current Principal Place of Business:

865 N. NARCOOSSEE RD.
ST.CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

865 N. NARCOOSSEE RD.
ST.CLOUD, FL 34771

New Mailing Address:

6086 LAMONTE STREET
ST.CLOUD, FL 34771

FEI Number: 76-0832875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSS, SAMATHA A
6086 LAMONTE STREET
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRE () Delete
Name: MOSS, SAMATHA A
Address: 6086 LAMONTE STREET
City-St-Zip: SAINT CLOUD, FL 34771

Title: VP () Delete
Name: MCNICHOLS, LLORIA K
Address: 4815 CITRUS DR.
City-St-Zip: ST. CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MOSS, JASON A
Address: 6086 LAMONTE STREET
City-St-Zip: ST. CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SMOSS

PRES

09/01/2009

Electronic Signature of Signing Officer or Director

Date