

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121283

Entity Name: A+ KIDZ ACADEMY, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

4800 23RD ST NORTH
W PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:
4800 23RD ST NORTH
W PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 20-5618109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PSOINOS, GEORGE D ESQ
GEORGE D. PSOINOS, P.A.
1655 PALM BEACH LAKES BLVD - STE 106
W PALM BEACH, FL 33401 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAGE, FREDRICK L SR
Address: 430 BAYBERRY DR
City-St-Zip: LAKE PARK, FL 33403

Title: P () Delete
Name: CAGE, FREDRICK L SR
Address: 640 BAY BERRY DR
City-St-Zip: WEST PALM BEACH, FL 33403

Title: V () Delete
Name: CARTER CAGE, TATIANA
Address: 430 BAYBERRY DR
City-St-Zip: LAKE PARK, FL 33403

Title: ST () Delete
Name: MARCELINA, EVERETT
Address: POBOX 530904
City-St-Zip: LAKE PARK, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: FREDRICK CAGE SR.

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date