2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000061469

Entity Name: KIDZ CONNECTION LEARNING CENTER, INC.

FILED Feb 22, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
600 FORT SMITH DELTONA, FL 32738							
Current Mailing Address:				New Mailing Address:			
600 FORT SMITH DELTONA, FL 32738							
FEI Number:	36-4640284	FEI Number Applied For()	FEI Num	nber Not Appli	cable ()	Certifica	te of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CORKINS, THOMAS 2877 FIFER DR. DELTONA, FL 32738 US				CORKINS, THOMAS 2531 CANDLEWICK ST. DELTONA, FL 32738 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:				02/22/2009			
	Electro	nic Signature of Registered Agent	i .				Date
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS: AD					S/CHANGES	TO OFF	ICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD (CORKINS, MIC 2877 FIFER D DELTONA, FL	R.		Title: Name: Address: City-St-Zip:	PD (X CORKINS, MIC 2531 CANDLE DELTONA, FL	HELE WICK ST.	() Addition
Title: Name: Address: City-St-Zip:	VD (CORKINS, THO 2877 FIFER D DELTONA, FL	R.		Title: Name: Address: City-St-Zip:	VP (X CORKINS, THO 2531 CANDLE DELTONA, FL	DMAS WICK ST.	() Addition
Title: Name: Address: City-St-Zip:	T (BYRNS, PHYL 1338 TROLLM DELTONA, FL	AN AVE.		Title: Name: Address: City-St-Zip:	TR (X BYRNS, PHYLI 3128 CANTERI DELTONA, FL	LIS BURY ST	() Addition
Title: Name: Address: City-St-Zip:	D (FINNEGAN, RE 600 FORT SMI DELTONA, FL	ENEE TH		Title: Name: Address: City-St-Zip:	BM (X CORKINS, MEA 2531 CANDLE DELTONA, FL	AGAN M WICK ST	() Addition
Title: Name: Address: City-St-Zip:	D (DOYLE, DIANE 179 TIM TAM (LAKE MARY, F	CT.		Title: Name: Address: City-St-Zip:	BM (X O' NEILL, LUZ 2472 NEWMAF DELTONA, FL	C RK BLVD.	() Addition
Title: Name: Address:	D (X GETCHEL, LAU 2501 ARSLAN			Title: Name: Address:	() Change() Addition

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.

City-St-Zip:

SIGNATURE: THOMAS CORKINS VP 02/22/2009

DELTONA, FL 32738

City-St-Zip: