

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000061469

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** KIDZ CONNECTION LEARNING CENTER, INC.

**Current Principal Place of Business:**

600 FORT SMITH  
DELTONA, FL 32738

**New Principal Place of Business:**

1875 ELKCAM BLVD.  
DELTONA, FL 32725

**Current Mailing Address:**

600 FORT SMITH  
DELTONA, FL 32738

**New Mailing Address:**

1875 ELKCAM BLVD.  
DELTONA, FL 32725

**FEI Number:** 36-4640284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORKINS, THOMAS  
2531 CANDLEWICK ST.  
DELTONA, FL 32738 US

**Name and Address of New Registered Agent:**

CORKINS, THOMAS  
3289 TALLWOOD DR.  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/25/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CORKINS, MICHELE  
Address: 3289 TALLWOOD DR..  
City-St-Zip: DELTONA, FL 32738

Title: VP  
Name: CORKINS, THOMAS  
Address: 3289 TALLWOOD DR.  
City-St-Zip: DELTONA, FL 32738

Title: TR  
Name: BYRNS, PHYLLIS  
Address: 1096 PEAK CIRCLE  
City-St-Zip: DELTONA, FL 32738

Title: BM  
Name: CORKINS, MEAGAN M  
Address: 3289 TALLWOOD DR..  
City-St-Zip: DELTONA, FL 32738

Title: BM  
Name: CORKINS, JULIE A  
Address: 3289 TALLWOOD DR.  
City-St-Zip: DELTONA, FL 32738

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: THOMAS CORKINS

VP

04/25/2011

Electronic Signature of Signing Officer or Director

Date