

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000061469

FILED
Apr 25, 2012
Secretary of State

Entity Name: KIDZ CONNECTION LEARNING CENTER, INC.

Current Principal Place of Business:

1875 ELKCAM BLVD.
DELTONA, FL 32725

New Principal Place of Business:

1785 ELKCAM BLVD.
DELTONA, FL 32725

Current Mailing Address:

1875 ELKCAM BLVD.
DELTONA, FL 32725

New Mailing Address:

1785 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
3289 TALLWOOD DR.
DELTONA, FL 32738 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: 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

PRES

04/25/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date