2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

DOCUMENT# P09000015415

Entity Name: KANGA DYSLEXIA AND THERAPY SERVICES, INC.

Current Principal Place of Business:

ONE SCENIC CENTRAL, SUITE 201
LAKE WALES, FL 33853

New Principal Place of Business:

2 FIRST STREET NORTH
SUITE 120
LAKE WALES, FL 33853

Current Mailing Address:

2730 SAM KEEN ROAD
LAKE WALES, FL 33898

New Mailing Address:

FEI Number: 26-4275657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COPPLE, DEBBIE S
2730 SAM KEEN ROAD
LAKE WALES, FL 33898 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: P
Name: COPPLE, DEBBIE S
Address: 2730 SAM KEEN ROAD
City-St-Zip: LAKE WALES, FL 33898

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: DEBBIE S COPPLE PRES 04/19/2012

Electronic Signature of Signing Officer or Director — Date