


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90060 033 ***150.00

DOCUMENT # P93000000472 1. Entity Name KIDS' STUFF LEARNING & CHILD CARE CENTERS, INC.					
Principal Place of Business 4425 AMBERWOOD CIRCLE PACE, FL 32571 US			Mailing Address P.O. BOX 644 MILTON, FL 32572 US		
2. Principal Place of Business - No P.O. Box # 5650 Meadowlark Lane		3. Mailing Address Suite, Apt. #, etc.			
City & State Milton, FL		City & State Suite, Apt. #, etc.		03192008 Chg-P CR2E034 (12/06)	
Zip 32570		Country US		4. FEI Number 59-3158873	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CARVER, S. ELLEN 4425 AMBERWOOD CIRCLE PACE, FL 32571			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME CARVER, S. ELLEN STREET ADDRESS 4425 AMBERWOOD CIRCLE CITY-ST-ZIP PACE, FL 32571	<input type="checkbox"/> Delete		TITLE 5650 Meadowlark Lane NAME Milton, FL 32570 STREET ADDRESS Milton, FL 32570 CITY-ST-ZIP Milton, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME HOUSTON, KATHY L STREET ADDRESS 7222-A DOGWOOD TERR CITY-ST-ZIP PENSACOLA, FL 32504	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>S. Ellen Carver</i></u> Date: <u>3-20-08</u> Daytime Phone # _____					