


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P95000045221</b> 1. Entity Name KIDZ ACADEMY EDUCATIONAL CENTER, INC.	
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FILED

06 MAY -1 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 324 E GEORGIA ST TALLAHASSEE, FL 32303	Mailing Address 324 E GEORGIA ST TALLAHASSEE, FL 32303
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04292006	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-3318562	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEAD, DON  
404 EL DESTINADO DR  
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	HEAD, DON D
STREET ADDRESS	404 EL DESTINADO DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	V
NAME	HEAD, PHILANDER D
STREET ADDRESS	404 EL DESTINADO DR
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

200075025432  
05/22/06--01035--004 \*\*150.00

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: Don 4/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #