2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000045221

1. Entity Name
KIDZ ACADEMY EDUCATIONAL CENTER, INC.



Principal Place of Business

324 E GEORGIA ST TALLAHASSEE, FL 32303 Mailing Address

324 E GEORGIA ST TALLAHASSEE, FL 32303 FILED

2008 APR 30 AM 8: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA



04302008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3318562

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEAD, DON 404 EL DESTINADO DR TALLAHASSEE, FL 32301

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	,			IN	HIS 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEAD, DON D 404 EL DESTINADO DRIVE TALLAHASSEE, FL 32312			3C 05/01.	00127556143 /0801001023 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEAD, PHILANDER D 404 EL DESTINADO DR TALLAHASSEE, FL 32312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADORESS CITY-ST-ZIP		:			
TITLE					

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:

STREET ADDRESS CHY-ST-7IP

SIGNATURE AND TYPED OR DOWNTED MAKE OF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2//21/808

Davtrne Phone #