## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P96000046649

Entity Name

KIDDY LAND PRESCHOOL AND DAY CARE, INC.



FILED Jan 31, 2008 08:00 A Secretary of State

					OF WE IT						
Principal Place of Business Mailing Address					•						
331 NE 25TH ST			331 NE 25TH ST			ļ					
POMPANO BEACH FL 33064			POMPANO BEACH FL 33064			10	ININEN ING IN <del>ala d</del> iri bahi dalik g		ANDR ANNI ANADA IP	EMBEL II IIII	
US			US			;					
2. Principal P	lace of Busin	iess - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			1:	st MOORE	CR2E034	(10/07)		
O . 1 C.			City & State								
City & State			City & State			4. FEI Numi	<sup>ber</sup> 65-0688543			oplied For	
Zip Country			Zip Cou							ot Applicable	
2(1)	Zip Country		29	Zip Country		<ol><li>Certificat</li></ol>	e of Status Desired		<b>\$8.75</b> Ack Fee Require		
	6 Namo	and Addrage of Current	Posietored Agent	enistered Agent		7 Nama an	7. Name and Address of New Registered Agent				
Name and Address of Current Registered Agent						Name					
WOODS, ABBIE											
331	NE 25TH	IST		Street Address			(P.O. Box Number is Not Acceptable)				
		EACH FL 33064									
7 01111 71110 == 101111 = 00001											
					City			FL	Zip Cod	e	
			or the purpose of changing its	registere	ed office or re	egistered agent, or c	otn, in the State of Flor	rida. Lam fi	amiliar with.	and accept	
the obligations of registered agent.											
SIGNATURE											
Signature, (spedior printed cannot begin timed agent and the Tamphopolic, (NOTE Registered Agent's gratum required whon reinstalling) DATE											
FILE NOW!!! FEE IS \$150.00											
After May 1, 2008 Fee Will Be \$550.00							9. Election Campa	4-		<b>00</b> May Be	
Make Check Payable to Florida Department of State							Trust Fund Cont	ribution.	☐ Adde	ed to Fees	
10.	al Blike Mach	OFFICERS AND	DIRECTORS	RECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	Р		☐ Derete	TITLE			2,0(11,1020100)	01.107.110	Change	Addition	
NAME	WOODS, A	BBIE	170 OIC	NAME					"	******	
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NAME			LJ De cle	NAMI	I .				onange	Last Assistantia	
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NAME				NAMI	<b>I</b>				\$migs		
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0(7)/ 07 710											

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 early 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cate

Daytino Phone #