

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000054922**

1. Entity Name  
**KIDSTOWN LEARNING CENTER II, INC.**



Principal Place of Business  
**6995 CHARLESTON SHORES BLVD  
LAKE WORTH, FL 33467-7629**

Mailing Address  
**3126 MEDINAH CIRCLE EAST  
LAKE WORTH, FL 33467**



04232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0682905**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**POUPORE, PAULA A  
3126 MEDINAH CIRCLE EAST  
LAKE WORTH, FL 33467**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POUPORE, PAULA A 3126 MEDINAH CIRCLE EAST LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AUSTIN, PATRICIA A 35805 LONE PINE LANE FARMINGTON HILLS, MI 48335
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AUSTIN, RICHARD K 35805 LONE PINE LN FARMINGTON HILLS, MI 48335
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORLANDO, CHARLES R 3126 MEDINAH CIRCLE E LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000745666  
05/16/07-80037-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 reports 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/07 (561) 641-7555