


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000054922 1. Entity Name KIDSTOWN LEARNING CENTER II, INC.	
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Principal Place of Business 6995 CHARLESTON SHORES BLVD LAKE WORTH, FL 33467-7629	Mailing Address 3126 MEDINAH CIRCLE EAST LAKE WORTH, FL 33467
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04232008 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 <input type="checkbox"/>	\$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 _____ (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	000000939580 05/28/08-80033-020 150.00
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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	

**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 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:  DATE: 5/28/08 DAYTIME PHONE: (561) 641-7555

PAULA A. POUPORE, PRESIDENT