

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000054922

FILED
Apr 23, 2011
Secretary of State

Entity Name: KIDSTOWN LEARNING CENTER II, INC.

Current Principal Place of Business:

6995 CHARLESTON SHORES BLVD
LAKE WORTH, FL 334677629

New Principal Place of Business:

Current Mailing Address:

3126 MEDINAH CIRCLE EAST
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-0682905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: POUPORE, PAULA A
Address: 3126 MEDINAH CIRCLE EAST
City-St-Zip: LAKE WORTH, FL 33467

Title: STD
Name: AUSTIN, PATRICIA A
Address: 35805 LONE PINE LANE
City-St-Zip: FARMINGTON HILLS, MI 48335

Title: VD
Name: AUSTIN, RICHARD K
Address: 35805 LONE PINE LN
City-St-Zip: FARMINGTON HILLS, MI 48335

Title: V
Name: ORLANDO, CHARLES R
Address: 3126 MEDINAH CIRCLE E
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAULA A POUPORE

PD

04/23/2011

Electronic Signature of Signing Officer or Director

Date