

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000054922

FILED  
Apr 25, 2012  
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

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date