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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068756 (1)

1. Corporation Name
KNOWLEDGE KOLLEGE FOR KIDS INC.

Principal Place of Business	Mailing Address
5 HOFFMAN DR. GULF BREEZE FL 32561	5 HOFFMAN DR. GULF BREEZE FL 32561-4403

3. Date Incorporated or Qualified: 08/19/1996
3a. Date of Last Report: INITIAL REPORT
4. FEI Number: 59 3399946 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21 5 Hoffman Dr
Suite, Apt. #, etc.
22
City & State
23 Gulf Breeze FL
Zip 24 32561 Country 25 USA

2a. Mailing Address
26 5 Hoffman Dr
Suite, Apt. #, etc.
27
City & State
28 Gulf Breeze FL
Zip 29 32561 Country 30 USA

9. **Name and Address of Current Registered Agent**
~~BRYANG, KATHLEEN D~~ Bryant, Kathleen D
301 DOLPHIN ST
GULF BREEZ~~E~~E FL 32561

10. **Name and Address of New Registered Agent**
81 Name: Kathleen D. Bryant
82 Street Address (P.O. Box Number is Not Acceptable): 301 Dolphin St
83
84 City: Gulf Breeze FL 85 Zip Code: 3251

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Kathleen D. Bryant	
STREET ADDRESS	301 Dolphin St	
CITY-ST-ZIP	Gulf Breeze FL 32561	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen D Bryant Kathleen D. Bryant 4-28-97 9049320727