

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000100718

FILED
Apr 03, 2006
Secretary of State

Entity Name: KIDS KORNER DAY CARE CENTER, INC.

Current Principal Place of Business:

25 EAST 65TH STREET
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

25 EAST 65TH STREET
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3440900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZIER, DENISE L.
12420 ROCHFORD LANE
JACKSONVILLE, FL 32225 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRAZIER, DENISE L.
Address: 12420 ROCHFORD LANE
City-St-Zip: JACKSONVILLE, FL

Title: VP () Delete
Name: PARKER, MICHELLE Y.
Address: 12470 ROCHFORD LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: CUE, CHONTELL D.
Address: 1947 ERLINE DR
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: FRAZIER, LUCILLE
Address: 5824 CASTELLANO AVE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRAZIER, DENISE L.
Address: 12420 ROCHFORD LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP (X) Change () Addition
Name: GILLEY JR., CHARLES
Address: 12420 ROCHFORD LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: S (X) Change () Addition
Name: CUE, CHONTELL D.
Address: 5000 PARIS AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: T (X) Change () Addition
Name: FRAZIER, LUCILLE
Address: 5824 CASTELLANO AVE
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DENISE L. FRAZIER

PRES

04/03/2006

Electronic Signature of Signing Officer or Director

_____ Date