

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000029341

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** KID'S KORNER DEVELOPMENT CENTER, INC.

**Current Principal Place of Business:**

1400 NORTH CLARA AVE.  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

1400 NORTH CLARA AVE.  
DELAND, FL 32720

**New Mailing Address:**

**FEI Number:** 59-3446051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ALVAREZ, JOSE B  
141 E. INDIANA AVE.  
DELAND, FL 32724 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: DPST  
Name: CAMACHO, MARIA  
Address: 295 DOGWOOD AVE  
City-St-Zip: ORANGE CITY, FL 32763

Title: V  
Name: CAMACHO, ABRAHAM  
Address: 295 DOGWOOD AVE.  
City-St-Zip: ORANGE CITY, FL 32763

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: MARIA CAMACHO

PRES

01/25/2012

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

\_\_\_\_\_  
Date