

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014393

Entity Name: KIDDIE'S CARE CENTER, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

16209 S W 15 ST
PEMBROKE PINES, FL 33027

New Principal Place of Business:

6960 SW 38 CT
MIRAMAR, FL 33023

Current Mailing Address:

16209 S W 15 ST
PEMBROKE PINES, FL 33027

New Mailing Address:

P.O.BOX 693833
MIAMI, FL 33269

FEI Number: 65-1007672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEURINOR, ANNA
16209 S W 15 ST
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

FLEURINOR, ANNA
6960 SW 38 CT
MIRAMAR, FL 33023 US

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: ANNA FLEURINOR

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLEURINOR, ANNA
Address: 16209 S W 15 ST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: V () Delete
Name: FLEURINOR, ANNA
Address: 16209 SW 15 ST
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLEURINOR, ANNA
Address: 6960 SW 38 CT
City-St-Zip: MIRAMAR, FL 33023

Title: V (X) Change () Addition
Name: FLEURINOR, ANNA
Address: 6960 SW 38 CT
City-St-Zip: MIRAMAR, FL 33023

I hereby certify that the information supplied with this filing does not qualify 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: ANNA FLEURINOR

OWNE

05/01/2008

Electronic Signature of Signing Officer or Director

Date