2004 FOR PROFIT CORPORATION

Jun 23, 2004 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P99000012918** 06-23-2004 90002 032 ***558.75 KIDS EXCEL CHILD CARE & LEARNING CENTER INC. Principal Place of Business Mailing Address 54058502 1415 N. PINE HILLS ROAD 1415 N. PINE HILLS ROAD ORLANDO, FL 32808 ORLANDO, FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 06212004 CR2E034 (10/03) Chg-P 4. FEI Number Applied For City & State City & State 59-3588263 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. KULLER, RUFUS TM Street Address (P.O. Box Number is Not Acceptable) 1415 N. PINE HILLS ROAD ORLANDO, FL 32808 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ___ Change Addition TITI F TITI F Delete BAZILE HYACINTH COUSINS, ALBERNIS NAME Hills Road STREET ADDRESS 1415 N. PINE HILLS ROAD STREET ADDRESS ORLANDO, FL 32808 CITY-ST-7IP CITY-ST-ZIP Delete □ Change ___ Addition TITLE TITLE COUSINS, KENNETH NAME NAME 1415 N. PINE HILLS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP Delete ☐ Addition THILE KULLEE, RUFUS T.M. NAME NAME 1415 N. PINES HILLS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP TITLE ☐ Delete TITLE ___ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TITLE Delete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ___ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certily that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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54058502



Division of Corporations

Annual Report

Page 2

P9900012918
Business Entity Name

KIDS EXCEL CHILD CARE & LEARNING CENTER INC.

Election Campaign Financing Trust Fund Contribution O Yes
No

Officer/Director Name And Address

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|----------|---|---|
| ¥. | Name (Last, First, Middle, Title) | COUSINS ALBERNIS |
| li i | -or- Entity Name | |
| i i | Street Address | 1415 N. PINE HILLS ROAD |
| 4 | City, State | ORLANDO , FL |
| ti | Zip Code & Country | 32808 |
| 95.4 | Title | D |
| 2.24 | Name (Last, First, Middle, Title) | COUSINS KENNETH |
| 1 | -or- Entity Name | |
| 1 | Street Address | 1415 N. PINE HILLS ROAD |
| į | City, State | ORLANDO , FL . |
| ij. | Zip Code & Country | 32808 |
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| | Title | PD- |
| | Name (Last, First, Middle, Title) | KULLEE RUFUS T.M. |
| 1 | -or- Entity Name | |
| | Street Address | 1415 N. PINES HILLS ROAD |
| 4) J | City, State | ORLANDO , FL |
| 1 | Zip Code & Country | 32808 |
| Ì | | |
| ja ja | Title | D |
| 1 | Name (Last, First, Middle, Title) | BAZILE HYACINTH , F Add |
| 1 | -or- Entity Name | |
| | Street Address | 1415 N. PINES HILLS ROAD |
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