

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012918

FILED
Mar 08, 2006
Secretary of State

Entity Name: KIDS EXCEL CHILD CARE & LEARNING CENTER INC.

Current Principal Place of Business:

1415 N. PINE HILLS ROAD
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

1415 N. PINE HILLS ROAD
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-3588263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KULLER, RUFUS TM
1415 N. PINE HILLS ROAD
ORLANDO, FL 32808 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: D () Delete
Name: COUSINS, ALBERNIS
Address: 1415 N. PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: COUSINS, KENNETH
Address: 1415 N. PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32808

Title: PD () Delete
Name: KULLEE, RUFUS T.M.
Address: 1415 N. PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: HYACINTH, BAZILE
Address: 1415 N PINE HILLS RD
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RUFUS T.M. KULLEE

P

03/08/2006

Electronic Signature of Signing Officer or Director

Date