## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000016731

City-St-Zip:

SPENCER, OK 73084

KIDO MODI DI OLIJI DI OENTEDI INO

FILED Feb 16, 2006 Secretary of State

Entity Name: KIDS WO	RLD CHILD CENTER, INC.			
Current Principal Place	of Business:	New Principal Place of Business:		
5390 COUNTY RD 218 MIDDLEBURG, FL 32068	3			
Current Mailing Address:		New Mailing Address:		
5390 COUNTY RD 218 MIDDLEBURG, FL 32068	3			
FEI Number: 59-3559891	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
MALLORY, JULIA L 5390 COUNTY RD 218 MIDDLEBURG, FL 32068	3 US			
The above named entity s in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electron	ic Signature of Registered Age	ent	Date	
Election Campaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOR	

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SPENCER, OK 73084

Title: ( ) Delete Title: (X) Change ( ) Addition MALLORY, JULIA MALLORY, JULIA Name: Name: 4330 APPLETON AVE 5384 COUNTY ROAD 218 Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: MIDDLEBURG, FL 32068 Title: () Delete Title: (X) Change ( ) Addition BAIR, BEVERLY BAIR, BEVERLY Name: Name: Address: 5390 COUNTY RD 218 Address: 5388 COUNTY RD 218 MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: MARKOWITZ, SCOTT R Name: MARKOWITZ, SCOTT R 4101 N DOUGLAS BLVD Address: 4101 N DOUGLAS BLVD Address:

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.

City-St-Zip:

Ρ SIGNATURE: JULIA L MALLORY 02/16/2006