

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000032163

FILED  
Jan 09, 2006  
Secretary of State

Entity Name: KUDDLY KIDS DAY CARE, INC.

## Current Principal Place of Business:

1023 SE 4TH AVE  
GAINESVILLE, FL 32601

## New Principal Place of Business:

## Current Mailing Address:

1023 SE 4TH AVE  
GAINESVILLE, FL 32601

## New Mailing Address:

FEI Number: 59-3566082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIX, EDWIN B  
5726 NW 43RD RD  
GAINESVILLE, FL 32606 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: P ( ) Delete  
Name: DIX, EDWIN B  
Address: 5726 NW 43RD RD  
City-St-Zip: GAINESVILLE, FL 32606

Title: VP ( ) Delete  
Name: LEITNER, PHILIP M  
Address: 2206 NW 3 PLACE  
City-St-Zip: GAINESVILLE, FL 32603

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MONIQUE DRISKELL-JONES

DIRE

01/09/2006

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

\_\_\_\_\_  
Date