

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000033768

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: ALL KIDS ACADEMY OF LUTZ, INC.

**Current Principal Place of Business:**

1910 LIVINGSTON RD.  
LUTZ, FL 33559

**New Principal Place of Business:**

**Current Mailing Address:**

1303 JEN-MA-JO LANE  
LUTZ, FL 33549 US

**New Mailing Address:**

FEI Number: 59-3582635      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BURDEN, BRIAN A ESQ  
BRIAN A. BURDEN, P.A.  
3601 W. MULLEN AVE.  
TAMPA, FL 33609 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: PD ( ) Delete  
Name: COLLURA, NANCY  
Address: 1303 JEN-MA-JO LANE  
City-St-Zip: LUTZ, FL 33549 US

Title: TD ( ) Delete  
Name: LABARBERA, FLORA  
Address: 13530 WHITE ELK LOOP  
City-St-Zip: TAMPA, FL 33626 US

Title: SD ( ) Delete  
Name: COLLURA, SAM  
Address: 1303 JEN-MA-JO LANE  
City-St-Zip: LUTZ, FL 33549 US

**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:

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: SAM COLLURA

SD

01/17/2007

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

\_\_\_\_\_  
Date