

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000000049

**Entity Name:** KALEIDOSCOPE LEARNING LAB, INC.

**Current Principal Place of Business:**

2420 JENKS AVE  
BLD C-4  
PANAMA CITY, FL 32405

**Current Mailing Address:**

2420 JENKS AVE  
BLD C-4  
PANAMA CITY, FL 32405

**FEI Number: 59-3693995**

**Certificate of Status Desired: No**

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

MATTSON, TERESA M  
2420 JENKS AVE  
BLD C-4  
PANAMA CITY, FL 32405 US

*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

**Officer/Director Detail :**

Title PS  
Name MATTSON, CLIFFORD H  
Address 2420 JENKS AVE BLD C-4  
City-State-Zip: PANAMA CITY FL 32405

Title VP  
Name MATTSON, SARA A  
Address 2420 JENKS AVE BLD C-4  
City-State-Zip: PANAMA CITY FL 32405

*I hereby 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 all other like empowered.*

**SIGNATURE: CLIFFORD MATTSON**

**PRESIDENT**

**02/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date