2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State  PHYL'S ACADEMY PRESCHOOLS, INC.  Principal Place of Business  Address  Jask In W. 14TH STREET PLANTATION FL 33323  Log Country  Zo	Secretary of State PHYL'S ACADEMY PRESCHOOLS, INC.    Principal Place of Business	DOCLI	MENT # MOSOS	LPONI (AD	<u> </u>	ATTERN	7	May 1 <del>2, 20</del>	04 08	90:	AM
Principal Place of Business 4645 N STATE RD 7 LISA THAT STORE 1 1286 N.W. 14TH STREET LISA THAT STORE 1 1286 N.W. 14TH STREET LISA THAT STORE 1 1286 N.W. 14TH STREET PLANTATION FL 33322  To Country 2 16 Country 3 16 Country 3 16 Country 4 16 Country 5 16 Country 5 17 Name and Address of Current Registered Agent 7 17 Name and Address of States Agent 1 18 STORE AGENCY AGEN	Principal Place of Business  4648 N STATE RD 7 LAUDERDALE LAKES PL 39319  2. Principal Place of Business  Suito April 2, etc.  Suito Ap	DOCUMENT # M95051  1. Entity Name									
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LAUDEPOLE LAKES PL 33319 USANTATION FL 33223  2. Proficial Place of Jeunness  Sure, Apr. #, etc.  Sure, Apr. #, etc.  Coy & State  Country  2.p Country  3. Centreate of Status Depend of Status Depend of State Stat	LAUDEPOLICE LAKES FL 33319  2. Principal Place of Business  Sunds April 4, etc.  Sunds April 4, etc.  Sunds April 4, etc.  City & State  City	Principal Placi	e of Business	Mailing Address		1					
Suite, April #, etc.   Suite, April #, etc.   Suite, April #, etc.   Applied For	Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   MOORE   CR2634 (11/03)   City & State   City & State   4. FEI Number   65-0076022   Not Applied Fit   N	LAUDERDALE LAKES FL 33319		PLANTATION FL 33323			1 2575 BBU 110 111101 BBU BBTS 81101 THA GE				
City & State  City & State  City & State  Country  Country  Zip  Country  Zip  Country  Signature  6. Name and Address of Current Registered Agent  Name  BAPTISTE, CURTIS  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Signature  Name  City  Signature  Name  Name  Name  Name  Signature  File NoW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  10.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  10.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  10.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  10.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  10.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  10.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  10.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  10.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  10.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  10.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  10.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  10.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  10.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  10.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  10.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  11.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  11.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  11.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  11.  FILE NOW!!! FEE IS \$160.00  Make Check Payable to Floridate Department of State  11.  FILE NOW!! FE	City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Degreed  For Required  F			3. Mailing Address							
E. Neme and Address of Country	Section   Sect			Suite, Apt #, etc				MOORE CR2	E034 (11/03	3)	
Name and Address of Current Registered Agent   Name and Address of New Registered Agent   Name   N	Shape and Address of Curront Registered Agent  BAPTISTE, CURTIS 12361 N.W. 14TH STREET PLANTATION FL 33323  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Flonds. I am lamillar with, and so the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Flonds Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE  BAPTISTE, APUA  SIRET ADDRESS  CITY-ST-2P  LANTATION FL  Delete  MME  SIRET ADDRESS  CITY-ST-2P  TILE  MME  SIRET ADDRESS  CITY-ST-2P  TILE  Delete  TILE  MME  SIRET ADDRESS  CITY-ST-2P  TILE  MME  SIRET ADDRESS  CITY-ST-2P  TILE  MME  SIRET ADDRESS  CITY-ST-2P  TILE  Delete  TILE  MME  SIRET ADDRESS  CITY-ST-2P  TILE  MME  SIRET ADDRESS  CITY-ST-2P  TILE  MME  SIRET ADDRESS  CITY-ST-2P  TILE  Delete  TILE  MME  SIRET ADDRESS  CITY-ST-2P  TILE  MME  SIRET ADDRESS  CITY-ST-2P  TILE  MME  SIRET ADDRESS  CITY-ST-2P  TILE  Delete  TILE  MME  SIRET ADDRESS  CITY-ST-2P  TILE  MME  SIRET ADDRESS  CITY-ST-2P  TILE  MME  SIRET ADDRESS  CITY-ST-2P  TILE  Delete  TILE  MME  SIRET ADDRESS  CITY-ST-2P  TILE  MME  SIRET ADDRESS	City & State	e	City & State		4. FI	65-0076022	_			
Name	BAPTISTE, CURTIS 1236 1 N.W. 14TH STREET PLANTATION FL 33323  City  FL  City	Zip	Country Zip		Cour	Country		ertificate of Status Desired	\$8.75 Fee Red	Addit	ional
BAPTISTE, CURTIS 12361 N.W. 14TH STREET PLANTATION FL 33323  City FL Zip Code  City	BAPTISTE, CURTIS 12361 N.W. 14TH STREET PLANTATION FL 33323  City FL Zip Code  8. The above named ently submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar wirn, and acc the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00		6. Name and Address of Current	Registered Agent			7. N	ame and Address of New Regist	tered Agent		<del>-</del>
### PLANTATION FL 33323    Street Address (P.O. Box Number's Not Acceptable)	Street Address (P.O. Box Number is Not Acceptable)	BAD	TICTE CHIDTIC			Name					_
The above named entity submits this statement for the purpose of changing lits registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature hond or printed name of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Riorida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1  TITLE  DAPTISTE, AFUA  MAME  BAPTISTE, AFUA  SIRET ADDRESS  CITY-ST-2P  PLANTATION FL  Delete  TITLE  MAME  STRET ADDRESS  SIRET ADDRESS  CITY-ST-2P  TITLE  MAME  SIRET ADDRESS  CI	8. 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. I am familiar with, and acc the obligations of registered agent.  SIGNATURE  Signature hyard of principles agent agent and life 8 applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	12361 N.W. 14TH STREET				Street Address	(P.O. Bo	ox Number is Not Acceptable)			·
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Signature   Invest or primed reprised agent are time to applicate   Investor   Investo	FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.			or the purpose of changing it	s register	red office or registe	red age	ent, or both, in the State of Florida.	I am familiar	with, a	nd accept
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under outly, that I am an officer or director of the convergence of the receiver or trustee empowered to execute this report as required by Chapter 607, English 13 or	12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 in Block 10 or Block changed, or on an attachment with an address, with all other like empowered	i of the co	rporation of the receiver or trustee emp	lowered to execute this repo	rt as requ	emption stated in S ature shall have the irred by Chapter 60	Section 1 e same I 07, Florid	i 19.07(3)(i), Florida Statutes. I furth egal effect as if made under oath; da Statutes, and that my name app	her certify that that I am an o pears in Block	the inf fficer of 10 or	ormation or director Block 11 if