2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P95000052118

Entity Name: TINY TREASURES EARLY LEARNING #2, INC.

Current Principal Place of Business:

920 TOWN HALL
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

920 TOWN HALL AVE
JUPITER, FL 33458

New Mailing Address:

FEI Number: 65-0605778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KINCAID, MICHELE A
1880 TUDOR ROAD
NORTH PALM BEACH, FL 33408 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: D ( ) Delete
Name: KINCAID, MICHELE A
Address: 1880 TUDOR RD.
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: V ( ) Delete
Name: KINCAID, KEITH JAMES
Address: 1880 TUDOR RD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: PS ( ) Delete
Name: KINCAID, MICHELE A.
Address: 7880 TUDOR RD.
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KINCAID, MICHELE A
Address: 1880 TUDOR RD.
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: V (X) Change ( ) Addition
Name: KINCAID, MICHELE A
Address: 1880 TUDOR RD
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: PS (X) Change ( ) Addition
Name: KINCAID, MICHELE A
Address: 1880 TUDOR RD.
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: T ( ) Change (X) Addition
Name: KINCAID, MICHELE A
Address: 1880 TUDOR RD.
City-St-Zip: NORTH PALM BEACH, FL 33408 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHELE A. KINCAID PS 04/30/2005

Electronic Signature of Signing Officer or Director — Date