FILED 2004 FOR PROFIT CORPORATION May 03, 2004 08:00 AM ANNUAL REPORT Secretary of State DOCUMENT # P98000076111 LEARNING THROUGH MOVEMENT, INC. Principal Place of Business Mailing Address 7460 S.W. 141ST. STREET 7460 S.W. 141ST. STREET MIAMI, FL 33158 MIAMI, FL 33158 04282004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0865433 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FERREIRA-ALVES, CELSO 7460 S.W. 141ST. STREET MIAMI, FL 33158 IN THIS SPACE 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 accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be U00000154782 05/05/04-80010-025 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FERREIRA-ALVES, CELSO NAME STREET ADDRESS 7460 S.W. 141ST. STREET MIAMI, FL 33158 CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1015 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee empoweled to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

Daytime Phone #

PELSO FERREIRA-ALVES