2005 FOR PROFIT CORPORATION

Jul 07, 2005 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P00000094566** A LITTLE KIDS ACADEMY, INC. Principal Place of Business Mailing Address 16909 WHIRLEY ROAD 11105 HWY 92 EAST SEFFNER, FL 33584 LUTZ, FL 33549 06062005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3674607 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HERNANDEZ, HENRY DO NOT WRITE 16909 WHIRLEY RD. IN THIS SPACE LUTZ, FL 33549 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and fille if applicable.

| LIFE MONTH LEF 19 \$ 100.00 | | Trust Fund Contribution. |
|---------------------------------------|---|--------------------------|
| 10. | OFFICERS AND DIF | RECTÓRS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HERNANDEZ, HENRY III 16909 WHIRLEY ROAD LUTZ, FL 33549 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HERNANDEZ, BRENDA 16909 WHIRLEY ROAD LUTZ, FL 33549 | |
| TITLE | | |

U000000371079

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

FILED

DO NOT WRITE IN THIS SPACE

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 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 in Block 10 or Block 11 if

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

\$5.00 May Be

Added to Fees