


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 422886</b> 1. Entity Name <b>MAHAN PRE-SCHOOL CENTER, INCORPORATED</b>	
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FILED  
04 MAR 30 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1726 MAHAN DRIVE TALLAHASSEE, FL 32308-5222	Mailing Address 1726 MAHAN DRIVE TALLAHASSEE, FL 32308-5222
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03292004 Chg-P CR2E034 (10/03)

City & State	City & State
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4. FEI Number <b>59-1449987</b>	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> WHITFIELD, BRANDEE 1726 MAHAN DRIVE TALLAHASSEE, FL 32308
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>1000 S 25 15751</b> 04/13/04--01023--007 **150.00 City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD WHITFIELD, BRANDEE <input type="checkbox"/> Delete
NAME	1726 MAHAN DRIVE
STREET ADDRESS	TALLAHASSEE, FL
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete
NAME	SMITH, LAURA
STREET ADDRESS	1726 MAHAN DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jawara S. Smith 3/29/04 877-7321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #