2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 08:00 AM Secretary of State

DOCUMENT # 581464 1. Enlity Name MAITLAND FARM PRESCHOOL, INC.						Secretar	y of State
Principal Place 5990 5TH ST VERO BEACH	r SW	59	lling Address 190 5TH ST SW RO BEACH, FL 32968	!	1	ri kwimi 11901 MKWA Masuk Wilda Wilda	SCALL BENNING ANNI BURNON (H. 1881)
DO NOT WRITE IN THIS SPAC				^E	02102005	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	R2E034 (10/03)
					FEI Numb 59-184 Certificate		Applied For Not Applicable \$8.75 Additional Fee Required
BLOCK, SAMUEL A., ESQ. 601 21ST STREET SUITE 401, COMMERCIAL BANK BLDG. VERO BEACH, FL 32960				DO NOT WRITE 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, typed or printed name of registered agent and title II applicable (NOTE. Registered Agent signature required when reinstating) DATE							
FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD KAHLE, SANDRA R. 6020 5TH STREET S.W. VERO BEACH, FL ST KAHLE, GEORGE A. JR. 6020 5TH STREET S.W.	AS AND DIREC	TORS	in a standard describe the standard described		U0000032 04/25/05-80	8075 064-004 150.00
CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME CTREET ADDRESS	VERO BEACH, FL				DO IN	NOT WR THIS SPA	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP			landon of purity for the	amotion stated in C	action 110 Orm	MAN Standar Standard Literature	per partifu that the information
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 tike empowered.							
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DaySine Phone *							