

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757824

FILED
Jan 21, 2009
Secretary of State

Entity Name: PRE-SCHOOL EXPERIENCE, INC.

Current Principal Place of Business:

1665 25TH AVE. N.
ST. PETESBURG, FL 337134443 US

New Principal Place of Business:

Current Mailing Address:

1665 25TH AVE. N.
ST. PETESBURG, FL 337134443 US

New Mailing Address:

FEI Number: 59-0641386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMON, RAOUL
925 15TH AVE. NO.
ST PETERSBURG, FL 33704 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAOUL SIMON,
Address: 925 15TH AVE N
City-St-Zip: ST PETERSBURG, FL 33704

Title: TD () Delete
Name: ALAN C BROWN,
Address: 6027 24TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33710

Title: VDSD () Delete
Name: SHELLHORN, WENDY
Address: 6032 24TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAOUL H. SIMON

PD

01/21/2009

Electronic Signature of Signing Officer or Director

Date