

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000080

FILED
Jan 21, 2005
Secretary of State

Entity Name: WEE DISCOVER AFTER SCHOOL PROGRAM, LTD. COMPANY

Current Principal Place of Business:

4622 LANDSCAPE DRIVE
TAMPA, FL 33624

New Principal Place of Business:

622 EDGEWATER DR #722
DUNEDIN, FL 34698

Current Mailing Address:

4622 LANDSCAPE DRIVE
TAMPA, FL 33624

New Mailing Address:

P. O. BOX 340129
TAMPA, FL 33694

FEI Number: 37-1390856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURD, KYLA L
15143 SHAW ROAD
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

BURD, KYLA L
16933 MELISSA ANN DRIVE
LUTZ, FL 33558 US

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: KYLA L BURD

01/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: BURD, KAREN S
Address: 4622 LANDSCAPE DR
City-St-Zip: TAMPA, FL 33624

Title: VCV () Delete
Name: BURD, DARRELL E
Address: 4622 LANDSCAPE DR
City-St-Zip: TAMPA, FL 33624

Title: S () Delete
Name: PENA, SONYA R
Address: 719 EAST WOOD DRIVE
City-St-Zip: COLUMBIA, IL 62236

Title: T () Delete
Name: BURD, KYLA L
Address: 15143 SHAW ROAD
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: BURD, KAREN S
Address: 622 EDGEWATER DR #722
City-St-Zip: DUNEDIN, FL 34698

Title: VCV (X) Change () Addition
Name: BURD, DARRELL E
Address: 622 EDGEWATER DR #722
City-St-Zip: DUNEDIN, FL 34698

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

Title: T (X) Change () Addition
Name: BURD, KYLA L
Address: 16933 MELISSA ANN DRIVE
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN S BURD

CP

01/21/2005

Electronic Signature of Signing Officer or Director

Date