


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90320 018 ***150.00

DOCUMENT # F00000004536 1. Entity Name KAPLAN EARLY LEARNING COMPANY	
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Principal Place of Business 1310 LEWISVILLE-CLEMMONS ROAD LEWISVILLE, NC 27023	Mailing Address 1310 LEWISVILLE-CLEMMONS ROAD LEWISVILLE, NC 27023
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 609 Suite, Apt. #, etc.
City & State	City & State Lewisville, NC
Zip	Country
Country	Zip 27023-0609



04132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent LOFTIS, TAMARA W 10407 CENTURION PARKWAY NORTH, SUITE 102 JACKSONVILLE, FL 32256	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, FRENCH 1310 LEWISVILLE-CLEMMONS ROAD LEWISVILLE, NC 27023 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACERON, MATTHEW 1310 LEWISVILLE-CLEMMONS ROAD LEWISVILLE, NC 27023 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACERON, MATTHEW B. 1310 LEWISVILLE-CLEMMONS ROAD LEWISVILLE, NC 27023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KAPLAN, HOWARD J 1310 LEWISVILLE-CLEMMONS ROAD LEWISVILLE, NC 27023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, IAN T 1117 GLOUSMAN DRIVE WINSTON-SALEM, NC 27104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, SANDI S 602 FORDS LANDINGS WAY ALEXANDRIA, VA 22314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, ANNETTE 443 BAUER AVENUE LOUISVILLE, KY 40202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Howard J. Kaplan** **CD** **(336) 766-7374**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #