

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G28859

FILED
Jun 29, 2005
Secretary of State

Entity Name: FUN FACTORY PRESCHOOL CENTER, INC.

Current Principal Place of Business:

17509 TALLY HO COURT
ODESSA, FL 33556 US

New Principal Place of Business:

PO BOX 274190
TAMPA, FL 33618 US

Current Mailing Address:

17509 TALLY HO COURT
ODESSA, FL 33556 US

New Mailing Address:

PO BOX 274190
TAMPA, FL 33618 US

FEI Number: 59-2282956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, MARILYN
17509 TALLY HO CT
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

LEWIS, MARILYN
PO BOX 274190
TAMPA, FL 33618 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:

06/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, MARILYN,
Address: 17509 TALLY HO CT
City-St-Zip: ODESSA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: LEWIS, MARILYN,
Address: 17509 TALLY HO CT
City-St-Zip: ODESSA, FL

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: MARILYN GIBBS-LEWIS

DIR

06/29/2005

Electronic Signature of Signing Officer or Director

Date