


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G85397**  
 1. Entity Name  
 ACADEMY FOR LITTLE PEOPLE, INC.



Principal Place of Business  
 7936 NORTH MILITARY TRAIL  
 LAKE PARK, FL 33403

Mailing Address  
 4639 NORTH MILITARY TRAIL  
 WEST PALM BEACH, FL 33409-7806

**DO NOT WRITE IN THIS SPACE**



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-2552556 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KINGCADE, THOMAS E  
 209 S OLIVE AVE  
 WP PALM BCH, FL 33401

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	ROLLINS, NANCY C.
STREET ADDRESS	35 WINDSOR LANE
CITY - ST - ZIP	PALM BCH GRDNS, FL
TITLE	S
NAME	SCHWEGEL, KIM
STREET ADDRESS	6315A 7 SPRINGS BLVD
CITY - ST - ZIP	GREENACRES, FL
TITLE	VP
NAME	MORROW, DIANNA
STREET ADDRESS	10143 ASPEN WAY
CITY - ST - ZIP	PALM BEACH GARDENS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 03/23/05-80042-022 158.75

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: Nancy C. Rollins Date: 3/21/05 Daytime Phone #: 561-684-1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR