


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L52531</b> 1. Entity Name TURNER'S KINDERGARTEN, INC.	
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Principal Place of Business 7168 NW 16 AVENUE MIAMI, FL 33147 US	Mailing Address 7168 NW 16 AVE MIAMI, FL 33147 US
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08022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0189071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

DELGADO, DONNA M  
1031 IVES DAIRY RD  
228  
N MIAMI BCH, FL 33179

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

DATE  
08/28/07-80008-017 550.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, RANZER 7168 NW 16TH AVENUE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, OSWALD 7168 NW 16TH AVENUE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, MOZELL 7168 NW 16TH AVENUE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, CHRISTINE T. 7168 NW 16TH AVENUE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** OSWALD E. TURNER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-07 305-691-6772  
Date Daytime Phone #