## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

561-188-7772

Daytime Phone #

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ANNUAL KEPUKI				14141 23, 2003 00:00
DOCUMENT # M28818  1. Entity Name				Secretary of State
ACADEMY FOR LITTLE PEOPLE OF WEST PALM BEACH, INC.				
Principal Plac	e of Business	Mailing Address		
4639 N MILI W Palm Bch	Tary Trail 1., FL 33409-7808	4639 N MILITARY TRAIL W Palm BCH., FL 33409-780	8	•
				02152005 No Chg-P CR2E034 (10/03)
	O NOT WRITE	. IN THIS SPA	CE	4. FEI Number Applied For 59-2716282 Not Applied be
	a supplying the state of the st	All stages and we will have a love to be all and the stages of the stage	Control of the second s	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		The second secon
KINGCADE, THOMAS E 209 S OLIVE AVE WEST PALM BEACH, FL 33401			A Section of the sect	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, Registers	ed Agent signature required	when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees				
10.	OFFICERS AND	DIRECTORS	**************************************	Commence of the second
TITLE NAME	P ROLLINS, NANCY C.			
STREET ACCRESS	35 WINDSON LANE	•		0000005/3768
CITY-ST-ZIP	PALM BCH GRDNS, FL			03/23/05-80042-003 158.75
TITLE	VP			•
NAME STREET ADDRESS	BRUCE, MITCHELL G JR. 35 WINDSON LANE		Ann and Maria	
CITY-ST-ZIP	PALM BCH GRDNS, FL	FURTHER CONTRACTOR		
TITLE	VD			
NAME	ROLLINS, NANCY, C			
STREET ADDRESS CITY-ST-ZIP	35 WINDSON LANE PALM BCH GRDNS, FL	• •		DO NOT WRITE
TITLE				
NAME			1	IN THIS SPACE
STREET ADDRESS			1.	
CITY-ST-ZIP		gen a general de la companya della companya de la companya della c		And the Commission of the Comm
TITLE NAME				
STREET ADDRESS				
CITY-ST-ZIP			CHEST CONTRACTOR	Allerings [3] · · · · · · · · · · · · · · · · · · ·
TITLE			<b>T</b>	•
NAME STREET ADDRESS			1	
CITY-ST-ZIP				
	certify that the information supplied with	this filing does not qualify for the exc	emption stated in Se	Ction 119.07(3)(i). Florida Statutes I further certify that the information
12. I hereby certify that the information supplied with this filling 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.				

PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: