2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005418

Entity Name: DRE'S PLAYHOUSE EXCEPTIONAL ACADEMY, INC.

FILED May 03, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

431 W. VIRGINIA STREET TALLAHASSEE, FL 32804

Current Mailing Address: New Mailing Address:

540 TEAL LANE P.O. BOX 585352 TALLAHASSEE, FL 32308 P.O. BOX 585352 ORLANDO, FL 32858

FEI Number: 02-0547206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, TONJA O

4353 SHADOW CREST PL

ORLANDO, FL 32811 US

JONES, TONJA FEWS107 BELAIR STREET
PERRY, FL 32348 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: TONJA JONES 05/03/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 JONES, TONJA O
 Name:
 JONES, TONJA FEWS

 Address:
 4353 SHADOW CREST PLACE
 Address:
 107 BELAIR STREET

 City-St-Zip:
 ORLANDO, FL 32811
 City-St-Zip:
 PERRY, FL 32348

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 JONES, AUNDRE J
 Name:
 JONES, AUNDRE J

 Address:
 4353 SHADOW CREST PLACE
 Address:
 4321 PINEBARK AVENUE

 City-St-Zip:
 ORLANDO, FL 32811
 City-St-Zip:
 ORLANDO, FL 32811

 Title:
 COB () Delete
 Title:
 COB (X) Change () Addition

 Name:
 WILLIAMS, VONDA
 Name:
 BLOUNT, LAWRENCE E

 Address:
 2055 S 3RD ST
 Address:
 216 MAGNOLIA ROAD

 City-St-Zip:
 PERRY, FL 32348
 City-St-Zip:
 PERRY, FL 32348

Title: TO () Delete Title: TD (X) Change () Addition Name: WALKER, TREVA Name: DUNWOOD, WAYNE

 Name:
 WALKER, TREVA
 Name:
 DUNWOOD, WAYNE

 Address:
 107 BELAIR ST
 Address:
 2291 ANDREW MORGAN DRIVE

Address: 107 BELAIR ST Address: 2291 ANDREW MORGAN DRIVE City-St-Zip: PERRY, FL 32347

Title: SO () Delete Title: SO (X) Change () Addition

 Name:
 BROWN, SHARHONDA
 Name:
 SIMMONS, VONDA L

 Address:
 853 GIBSON RD
 Address:
 205 SOUTH THIRD STREET

 City-St-Zip:
 HAVANA, FL 32333
 City-St-Zip:
 PERRY, FL 32347

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONJA FEWS-JONES P/D 05/03/2004