


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000004637
 1. Entity Name
BLUE WAVE AFTER SCHOOL, INC.



Principal Place of Business Mailing Address
 1080 SW 11TH ST. 1080 SW 11TH ST.
 GAINESVILLE, FL 32601 GAINESVILLE, FL 32601

DO NOT WRITE IN THIS SPACE



03092005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-3729588 Not Applicable

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

6. Name and Address of Current Registered Agent

HAGER, PAMELA
 1080 SW 11TH ST.
 GAINESVILLE, FL 32601

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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 reappointing)

Filing Fee is \$61.25 Due by May 1, 2005

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

U00000325123
 04/23/05-80003-015 81.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAGER, PAMELA
STREET ADDRESS	1080 SW 11 STREET
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	D
NAME	MARIA, SERRATO
STREET ADDRESS	1080 SW 11 STREET
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	D
NAME	COX, ROBERT
STREET ADDRESS	1080 SW 11 STREET
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	D
NAME	DOLAN, KELLY
STREET ADDRESS	1080 SW 11TH ST.
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	D
NAME	ROBERTS, VALETTA
STREET ADDRESS	1080 SW 11 STREET
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	D
NAME	BROWN, LAWSON
STREET ADDRESS	1080 SW 11 STREET
CITY-ST-ZIP	GAINESVILLE, FL 32601

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Pamela Hager 4/20/05 (352)692-3007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #