2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # N02000006788 TINY HEARTS FAMILY DAY CARE, INC. Principal Place of Business Mailing Address 806 9TH STREET #7 806 9TH STREET #7 LAKE PARK FL 33403 LAKE PARK FL 33403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 50-0001372 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANTY, STELLA Street Address (P.O. Box Number is Not Acceptable) 806 9TH STREET #7 LAKE PARK FL 33403 City Zip Code 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 reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TOTALE Delete ☐ Addition MILLE SINGLETON, SYLESTINE NAME NAME 806 9TH STREET #7 STREET ADDRESS STREET ADDRESS U00000350417 05/02/05-80103-015 61.25 LAKE PARK FL 33403 CITY-51-ZIP CITY-ST-ZP THLE Delete TITLE ☐ Change ☐ Addition DANIELS, DIANA NAME NAME 1272 W 30TH ST, APT 1 STREET ADDRESS STREET ADDRESS RIVIERA BEACH FL 33404 CITY-ST-ZIP CITY-ST-7IP עט THE ☐ Delete TITLE ☐ Change ☐ Addition DAVIS, TERRY NAME P O BOX 9657 STREET ADDRESS SUPEL LADDRESS RIVIERA BEACH FL 33419 CLTY - ST - ZIF CHY-ST-ZIP ☐ Addition TITLE Delete TITLE Change CANTY, STELLA NAME NAME 806 9TH STREET #7 STREET ADDRESS STREET ADDRESS LAKE PARK FL 33403 CHY-ST-7P CITY-ST-7P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-74P TITLE Delete THE ☐ Change ☐ Addition NAME NAME STREET ANDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 eath; 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.

FILED

4-19-05