2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# N03000001778

Entity Name: COLOMBIA CHILDCARE INTERNATIONAL, INCORPORATED

Current Principal Place of Business:

PO BOX 1757
NEW SMYRNA BEACH, FL 32170

New Principal Place of Business:

Current Mailing Address:

PO BOX 1757
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 16-1630704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAEGER, CYNTHIA
4360 CLOVERCREST DR
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TAYLOR, DAVID
Address: PO BOX 1757
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: S ( ) Delete
Name: JAEGER, CYNTHIA
Address: PO BOX 1757
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: T ( ) Delete
Name: JAEGER, JOHN
Address: PO BOX 11152
City-St-Zip: DAYTONA BEACH, FL 32120

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: SCONNELY, CARL
Address: 620 DOUGLAS AVE., STE 1312
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: CYNTHIA JAEGER SD 01/24/2005

Electronic Signature of Signing Officer or Director — Date