2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N03000008010

Entity Name: INDEPENDENT ASSOCIATION FOR PRIVATE SCHOOLS, DAYCARE, AND HOME CENTERS, INC.

Current Principal Place of Business:

1435 W BUSCH BLVD, STE D
TAMPA, FL 336127621

New Principal Place of Business:

Current Mailing Address:

1435 W BUSCH BLVD, STE D
TAMPA, FL 336127621

New Mailing Address:

FEI Number: 20-0234826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPEARMAN, BEATRICE W
2420 E EMMA ST
TAMPA, FL 33610 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: DP ( ) Delete
Name: SPEARMAN, BEATRICE W
Address: 2420 E EMMA ST
City-St-Zip: TAMPA, FL 33610

Title: DT ( ) Delete
Name: WILLIAMS, HERBERT L
Address: 544 ROYAL RIDGE ST
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: ROBERTS, MARY
Address: 1005 TAMARACK TRL
City-St-Zip: FOREST PARK, GA 302973113

Title: D ( ) Delete
Name: STEPHENS, MARIE
Address: 919 HILLSCREST DR #615
City-St-Zip: HOLLYWOOD, FL 33021

Title: DS ( ) Delete
Name: JOSEPH, INEZ
Address: 9480 FOWLER AVE
City-St-Zip: THONOTOSASSA, FL 33592

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

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

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: BEATRICE W. SPEARMAN P 04/29/2005

Electronic Signature of Signing Officer or Director — Date