

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90037 013 ****61.25

DOCUMENT # N97000004410
 1. Entity Name
STEP BY STEP ENTERPRISES, INC.



Principal Place of Business Mailing Address
210 N.W. 6TH AVE. **210 N.W. 6TH AVE.**
FT. LAUDERDALE, FL 33311-9152 **FT. LAUDERDALE, FL 33311-9152**

94047838

DO NOT WRITE IN THIS SPACE



02162004 No Chg-NP CR2E037 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
SCOTT, LEMAN
210 N.W. 6TH AVE.
FT. LAUDERDALE, FL 33311-9152

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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 reinstating.)

Filing Fee is \$61.25
Due by May 1, 2004

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LEMON, SCOTT 2892 NW 8TH CT FORT LAUDERDALE, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT FLEMING, PATRICIA A 5812 N.W. 16TH ST. LAUDERHILL, FL 33313 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS ECKFORD, HATTIE R 2871 N.W. 24TH ST. FT. LAUDERDALE, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LEMON, SCOTT 210 N W 6TH AVENUE FORT LAUDERDALE, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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)(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 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: *[Signature]* *4/4/04* *954 581-6238*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #