

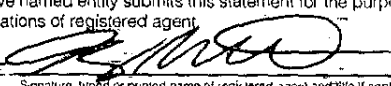
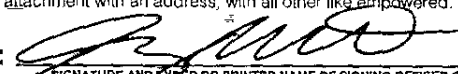


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000032394</b>		
1. Entity Name PRECIOUS MOMENTS CHILD CARE CENTER, INC.		
Principal Place of Business 873 W. PALM DRIVE FLORIDA CITY, FL 33034-3227	Mailing Address 873 W. PALM DRIVE FLORIDA CITY, FL 33034-3227	
<b>DO NOT WRITE IN THIS SPACE</b>		
		03242005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0997597
		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  MONTANER, SULAMY 873 W. PALM DRIVE FLORIDA CITY, FL 33034-3227		<b>DO NOT WRITE IN THIS SPACE</b>
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: 4/14/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD MONTANER, SULAMY 655 N.W. 2ND ST. FLORIDA CITY, FL 330343227	<b>DO NOT WRITE IN THIS SPACE</b>  U0000003239414 04/16/05-80036-016 150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	VTD MONTANER, RITA 655 N.W. 2ND ST. FLORIDA CITY, FL 330343227	
TITLE NAME STREET ADDRESS CITY ST ZIP	S MONTANER, ROLANDO 655 NW 2 ST. FLORIDA CITY, FL 330343227	
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)(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 607, 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:  DATE: 4/14/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>