


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000032584

1. Entity Name
 WONDER YEARS CHILD CARE AND LEARNING CENTER, INC.



Principal Place of Business
 6351 MASSACHUSETTS AVENUE
 NEW PORT RICHEY, FL 34653

Mailing Address
 6351 MASSACHUSETTS AVENUE
 NEW PORT RICHEY, FL 34653



04232004 No Chg-P CR2E034 (10/03)

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4. FEI Number 65-0994970	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACDONALD, MARLENE
 6351 MASSACHUSETTS AVE
 NEW PORT RICHEY, FL 34653

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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)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MACDONALD, MARLENE 6351 MASSACHUSETTS AVENUE NEW PORT RICHEY, FL 34653
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05/03/2004 08:00 AM

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 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 ~~the~~ empowered.

SIGNATURE: *Marlene MacDonald* MARLENE MAC DONALD
 PRESIDENT 4-29-04 727-847-3635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #