2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED DOCUMENT # P00000069509 Mar 17, 2005 08:00 AM TOP NOTCH SUPER KIDS, INC. **Secretary of State** Mailing Address Principal Place of Business 2523 S E 15TH PLACE 2523 S E 15TH PLACE CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 03142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3774789 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent CASTILLO, YOLANDA DO NOT WRITE **2523 SE 15TH PLACE** CAPE CORAL, FL 33904 IN THIS SPACE 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, typed or printed neme of registered agent and little # applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPS me CASTILLO, YOLANDA NAME STREET ADDRESS **2523 SE 15TH PLACE** CITY-ST-ZIP CAPE CORAL, FL 33904 U00000265981 CASTILLO, JULIO E NAME 03/17/05-80011-014 158.75 2523 SE 15TH PLACE STREET ADDRESS. CITY-ST-ZIP CAPE CORAL, FL 33904 me NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> RE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

3-14-05 239-772-8884