2001 UNIFORM BUSINESS' REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P0000094566 A LITTLE KIDS ACADEMY, INC. 01-29-2001 90101 016 ***150.00 Principal Place of Business Mailing Address 16909 WHIRLEY ROAD 16909 WHIRLEY ROAD LUTZ FL 33549 LUTZ FL 33549 2. Principal Place of Business 3. Mailing Address 11105 HWY Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Seffner Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3358 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Hernandez DIAZ, JOSEPH L Street Address (P.O. Box Number is Not Acceptable) 2522 WEST KENNEDY BLVD **TAMPA FL 33609** Whir Ley Rd. Zip Code FL 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 Henry Hernandez Pres FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME HERNANDEZ, HENRY III NAME STREET ADDRESS 16909 WHIRLEY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 TITLE ☐ Delete TITLE [] Change ☐ Addition HERNANDEZ, BRENDA NAME NAME 16909 WHIRLEY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR