

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # P00000111308</b><br>1. Entity Name<br><b>TAD POLES LEARNING CENTER CORP.</b>  |  |  |  |   |  |
| Principal Place of Business<br><b>TADPOLES LEARNING CENTER<br/>212 NORTH APAPKA AVENUE<br/>INVERNESS, FL 34450</b>  |  |  | Mailing Address<br><b>TADPOLES LEARNING CENTER<br/>212 NORTH APAPKA AVENUE<br/>INVERNESS, FL 34450</b> |   |  |
| 2. Principal Place of Business<br><b>212 N. APOPKA AVE</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>212 N. APOPKA AVE.</b><br>Suite, Apt. #, etc.   |  |   |  |
| City & State<br><b>INVERNESS, FL</b>  |  | City & State<br><b>INVERNESS, FL</b>   |  | 4. FEI Number<br><b>22-3863408</b>  |  |
| Zip<br><b>34450</b>   |  | Zip<br><b>34450</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| Country<br><b>USA</b>   |  | Country<br><b>USA</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HANSEN, PENNY L<br/>3335 E. ROTOR WING PATH<br/>HERNANDO, FL 34442</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |  |   |  |
| <b>Amended AR is \$61.25</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PS<br>HANSEN, PENNY L<br>3335 E ROTORWING PATH<br>HERNANDO, FL 34442   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>600055377526</b><br><b>05/26/05--01062--006 **\$61.25</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VT<br>HANSEN, CHARLES R<br>3335 E ROTORWING PATH<br>HERNANDO, FL 34442 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>RESIGNED</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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: <u>Penny L Hansen</u> <u>May 12, 05</u> <u>(352) 560-4222</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |  |  |   |  |
| <u>Penny L. Hansen</u>  |  |  |  |   |  |

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA