

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062527

FILED
May 01, 2005
Secretary of State

Entity Name: SEED-TIME ACADEMY AND SCHOOL FOR HIGHER LEARNING, INC.

Current Principal Place of Business:

2300 NW 22 STREET
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2300 NW 22 STREET
FT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-1115111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYMER, APRIL
3270 NW 88 AVE
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCORMICK, QUEEN
Address: 2300 NW 22 STREET
City-St-Zip: SUNRISE, FL 33311

Title: VPD () Delete
Name: BAILEY, DEBORAH
Address: 2300 NW 22 STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TD () Delete
Name: GAINES, ANGELA
Address: 3431 NW 6TH CT.
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: RYMER, APRIL
Address: 3270 NW 88TH AVE.
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: MCCORMICK, SAMUEL
Address: 2300 NW 22 STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: QUEEN MCCORMICK

PD

05/01/2005

Electronic Signature of Signing Officer or Director

Date