2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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DOCUMENT # P01000068634 06-04-2004 90005 045 150.00WINNERS PRE-SCHOOL AND CHILD CARE CENTER, INC. Principal Place of Business Mailing Address 54056806 .6848 SILVER STAR ROAD **6848 SILVER STAR ROAD** ORLANDO, FL 32818 ORLANDO, FL 32818 Ldenua 05142004 Cha-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 52-2342387 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAKINDE, HELEN Street Address (F O. Box Number is Not Acceptable) 1751 RACHERS RIDGE LOOP OCOEE, FL 34761 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 familia with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable [NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE " TIBLE Change ☐ Addition MAKINDE, HELEN A NÂME NAME STREET ADDRESS 6848 SILVER STAR ROAD STREET ADDRESS ORLANDO, FL 32818 CITY-ST-ZIP CITY-ST-ZIP TITLE Di ☐ Change ☐ Delete TIBLE ☐ Addition NAME MAKINDE, CHARLES A NAME STREET ADDRESS 6848 SILVER STAR ROAD STREET ADDRESS ORLANDO, FL 32818 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE TEMITÓPE, MAKINDE M NAME -NAME. STREET ADDRESS 6848 SILVER STAR ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32818 CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition ADESHOLA, MAKINDE T NAME NAME STREET ADDRESS 6848 SILVER STAR ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32818 CITY-ST-7IP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an ac ss, with all other like empowered.

407-234-7331

attachment

PO1000018634

Winners Preschool & Child Care Inc 6816, Aloma Avenue, Winter Park Florida 32792

May 29, 2004

The Florida Department of State Division of Corporations Corporate Records P. O. Box 6327 Tallahassee, FL 32314

Dear Sir,

NOTICE OF NON-RECEIPT OF FORM FOR FILING THE 2004 ANNUAL REPORT

This is to notify you that we did not receive the form for filing the 2004 Annual Corporation. Please note that this report is being filed late as a result of the non-receipt of the original form because of our change of address. Kindly effect the change of address in your records.

The enclosed form was received from your office as per my request for the form. Enclosed therefore is a \$150.00 Check for the 2004 corporation filing.

Thank you,

Helen A Makinde

President

Winners Preschool Child Care Center Inc