

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2005 8:00 am**  
**Secretary of State**

06-07-2005 90001 004 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                                                  |                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>DOCUMENT # P01000068634</b><br>1. Entity Name<br>WINNERS PRE-SCHOOL AND CHILD CARE CENTER, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                                                                                                  |                                                                               |
| Principal Place of Business<br>6816 ALOMA AVENUE<br>WINTER PARK, FL 32792 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | Mailing Address<br>6816 ALOMA AVENUE<br>WINTER PARK, FL 32792 US                                                                 |                                                                               |
| 2. Principal Place of Business<br>6816 ALOMA AVENUE<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                        |                                                                               |
| City & State<br>WINTER PARK, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | City & State                                                                                                                     |                                                                               |
| Zip<br>32792                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | Country<br>U.S.A                                                                                                                 |                                                                               |
| 4. FEI Number<br>52-2342387                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | Applied For<br>Not Applicable                                                                                                    |                                                                               |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | 05312005 Chg-P CR2E034 (10/03)                                                                                                   |                                                                               |
| 6. Name and Address of Current Registered Agent<br>MAKINDE, HELEN A<br>1751 RACHERS RIDGE LOOP<br>OCOEE, FL 34761                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                               |
| 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.<br>SIGNATURE:  Helen A. Makinde<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                       |                                                                        |                                                                                                                                  |                                                                               |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                  |                                                                               |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                     |                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>MAKINDE, HELEN A<br>6848 SILVER STAR ROAD<br>ORLANDO, FL 32818    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | Pr<br>MAKINDE HELEN A.<br>6816 ALOMA AVENUE<br>WINTER PARK, FL 32792          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>MAKINDE, CHARLES A<br>6848 SILVER STAR ROAD<br>ORLANDO, FL 32818  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | V Pres<br>MAKINDE CHARLES A<br>6816 ALOMA AVENUE<br>WINTER PARK, FL 32792     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>TEMITOPE, MAKINDE M<br>6848 SILVER STAR ROAD<br>ORLANDO, FL 32818 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | Directo<br>TEMITOPE MAKINDE, M.<br>6816 ALOMA AVENUE<br>WINTER PARK, FL 32792 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>ADESHOLA, MAKINDE T<br>6848 SILVER STAR ROAD<br>ORLANDO, FL 32818 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | Secy<br>ADESHOLA MAKINDE, T.<br>6816 ALOMA AVENUE<br>WINTER PARK, FL 32792    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | Change Addition                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | Change Addition                                                               |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | Date: 05/31/05                                                                                                                   |                                                                               |

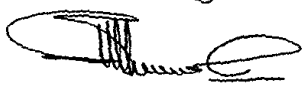
To: Division of Corporations **ATTACHMENT**  
Executive Center Circle 40087398  
Tallahassee, FL 32301 #B1000068634  
05/31/05

From: Helen A. Makinde  
6816 ALOMA Avenue  
Winter Park, FL 32792  
(WINNERS PRE-SCHOOL & CHILD CARE INC)

Subject: LATE FILING OF REPORT

I wrote a letter last year (2004) to inform you that our business address has ceased to be - 6848 Silver Star Road, Orlando, FL 32818. The new mailing address is - 6816, Aloma Avenue Winter Park, FL 32792.

This year's notice was again sent to the old address. I have made necessary changes on the form. Kindly send future correspondence and notices to the Winter Park address. Attached, please find our check for \$150.00 being the filing fee. Thank you.



Helen A. Makinde