FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) FILED Investments. Inc. DOCUMENT #//eu) (L 02 DEC 16 PM 1:15 01000089890 TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 05-14-02 \$150.00 90361 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent Name DO NOT WRITE anizares Aox Number is Not Acceptable) IN THIS SPACE 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. SIGNATURE ni applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangitue January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be (See criteria on back) Trust Fund Contribution. \Box Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE CR2E034B (12/01 NAME anizares STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE icepresident. NAME NAME Cantizares STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C/TY+ST-7IP-DO NOT WRITE CITY-ST-ZIP TITLE ΠηξΕ IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY - ST - ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or on an attachment with an address, with all other like empowered. SIGNATURE: NAME OF SIGNING OFFICER OR DIRECTOR

December 11, 2002

DIVISION OF CORPORATIONS REINSTAINMENT DEPARTMENT P.O. BOX 6327 Tallahassee, FL. 32314

Ref: BARNEY & FRIENDS DAYCARE LEARNING CENTER, INC. FEIN 65-1136442

Dear sirs:

We are sending again the Annual Uniform Business Report for BARNEY & FRIENDS DAYCARE LEARNING CENTER, INC. (before "NEW WORLD INVESTMENTS, INC.) which has already sent you its Annual Report on February 25th with a check payable to you for \$150.00 from HEALTHSOUTH REHABILITATION CENTER, INC. that was cashed on May 13th 2002.

We did not receive any letter requesting us some corrections in our UBR and recently we notice that the corporation is inactive.

Please I am requesting to waive the penalties and reinstate My Corporation. We need to file an amendment but in this condition it will not be possible.

Thank you very much for your attention to this matter.

Sincerely,

Roy Canizares

BARNEY & FRIENDS DAYCARE LEARNING CENTER, INC.