2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2004 8:00 am Secretary of State

DOCUMENT # P02000018083 1. Entity Name MS. SUSIE'S LEARNING CENTER, INC.					01-23-2004 90044 047 ***150.00				
Principal Plac	e of Business	· · · · · · · · · · · · · · · · · · ·		1					
1049 JACKMAR ROAD DUNEDIN, FL 34698 DUNEDIN, FL 34698					 	11 86710 (2011 00111 00111 001	21 50 3 5 8 11 56 161	11 8 3 18 1 18 18 3 11	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152004	Chg-P	CR2E03	34 (10/03)	
City & State		City & State		,	4. FEI Numb				plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add ee Require	
	6Name and Address of Current			Name and تت	i Address of New H	legistered A	gent :		
CONFORT! OUTANING				ne					
1049 JAC	FI, SUZANNE KMAR RD. , FL 34698		Stre	et Address (P.O. Box Numb	er is Not Acceptable	9)		
BONLON, FE 04000					•				
						**************************************	FL	Zip Code	9
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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						<u> </u>			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CONFORTI, SUZANNE 1049 JACKMAR ROAD DUNEDIN, FL 34698	□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	iss				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE	ESS				☐ Change	☐ Addition
TITLE NAME		☐ Delete	TITLE "NAME					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	ESS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ess				Change	☐ Addition
TITLE		Delete	TITLE			•		Change	☐ Addition
NAME		L.J DOIGIE	NAME				•		
STREET ADDRESS CITY+ST+ZIP			STREET ADDRE	ESS					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME Street Address			NAME STREET ADDRE	:55					
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 address, with all other like empowered.

SIGNATURE: SUZAN (ON FINITE) DAME OF SKINING OFFICER OR DIRECTOR