2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000018297

1. Entity Name

STARS TOO, PRESCHOOL & SCHOOLAGE, INC.



Principal Place of Business

C/O ATONEMENT LUTHERAN CHURCH 29617 STATE RD 54 WESLEY CHAPEL, FL 33543 Mailing Address

C/O ATONEMENT LUTHERAN CHURCH 29617 STATE RD 54 WESLEY CHAPEL, FL 33543

FILED Jul 12, 2004 08:00 AM Secretary of State



CR2E034 (10/03)

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6. Name and Address of Current Registered Agent

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4. FEI Number		Applied For	
43-1949217	-	Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

ZEPHYRH 8. The above	RVIEW HIEGHTS RD ILLS, FL 33541-7745 named entity submits the statement for the	purpase of changing its régistere	DO NOT WRITE IN THIS SPACE d office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	ns of registered against. Synthesis, typed or prested name of registered agent and self	o if applicable (NOTE Registered	1 Agent signature required when reinstating)	T DATE	
	E NOW!!! FEE IS \$150.00 tie by September 8, 2004	Election Campaign Finan Trust Fund Contribution,	scing \$5.00 May Be	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice,	
TIPLE NAME SIREET ADDRESS CHY-ST-ZIP	OFFICERS AND DIRE VP ROSADO, JOSE H 34852 FAIRVIEW HEIGHTS RD ZEPHYRHILLS, FL 335417745	ECTORS .	, 77-	Unopposertato	
TITLE NAME STREET ADORESS CITY-ST-ZIP	P ROSADO, SOPHIA 34852 FAIRVIEW HEIGHTS RD ZEPHYRHILLS, FL 335417745				
TITLE NAME STREET ADDRESS CHY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CATY-ST-ZIP	_		IN	THIS SPACE	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	-				

12. It 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 oail), that I am an officer or director of the corporation or the receiver of trustee empowered to execute his 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/01/04 97

Dayrime Phone #