


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000033203</b> 1. Entity Name TOYS-N-TOTS EDUCATIONAL PRESCHOOL, INC.	
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Principal Place of Business 614 OSCEOLA ST. TALLAHASSEE, FL 32301	Mailing Address 614 OSCEOLA ST. TALLAHASSEE, FL 32301
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**DO NOT WRITE IN THIS SPACE**



08082005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0646375	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WALKER, RITA  
614 OSCEOLA ST.  
TALLAHASSEE, FL 32301

**DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rita Walker 8-7-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, RITA 802 SHANNON ST. TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, REGINALD 802 SHANNON ST. TALLAHASSEE, FL 32305
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**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rita Walker 8-7-05 850-576-2456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #