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FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90048 001 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000007715

1. Entity Name
PRECIOUS TIMES LEARNING AND PRESCHOOL, INC.

94015750 [redacted]

Principal Place of Business	Mailing Address
630 EMERALDA RD STE 104 ORLANDO, FL 32808	630 EMERALDA RD STE 104 ORLANDO, FL 32808

02102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
630 Emeralda Rd	630 Emeralda Rd.
Suite, Apt. #, etc. 104	Suite, Apt. #, etc. 104
City & State Orlando Fl	City & State Orlando Fl
Zip 32808 Country	Zip 32808 Country

4. FEI Number 04-3737530 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WELCH, DONNA M 1340 FALCONCREST BLVD APOPKA, FL 32712	Name Street Address (P.O. Box Number Is Not Acceptable) City 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.

SIGNATURE: Donna M. Welch 2-9-04
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELCH, DONNA M 1340 FALCONCREST BLVD APOPKA, FL 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President George E. Welch 1340 Falconcrest Blvd. Apopka Fl. 32712	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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)(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: Donna M. Welch 2-9-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #