
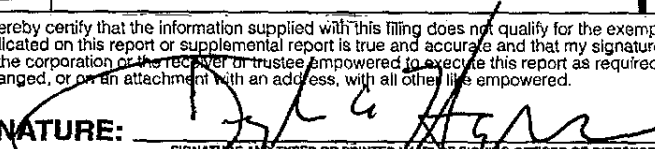


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000011089 1. Entity Name HAYES WORLD DAY CARE & LEARNING CENTER I, INC.		
Principal Place of Business 4333 S.W. DARWIN BLVD. PORT ST. LUCIE, FL 34953	Mailing Address 4333 S.W. DARWIN BLVD. PORT ST. LUCIE, FL 34953	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HAYES, DOUGLAS 377 SW LOG DRIVE PORT ST. LUCIE, FL 34953		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYES, DOUGLAS 377 SW LOG DRIVE PORT ST. LUCIE, FL 34953	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		12 APR 05 773-873-8989 <small>Date Daytime Phone #</small>



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 48-1299326	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

U00000321037
04/21/05-80063-014 158.75

**DO NOT WRITE
IN THIS SPACE**