2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000019512

1. Entity Name
SMALL WORLD ACADEMY OF TAMPA, INC.

Principal Place of Business	Mailing Address
17636 EAGLE LANE LUTZ, FL 33558	17636 EAGLE LANE LUTZ, FL 33558

DO NOT WRITE IN THIS SPACE

07032005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
82-0588690	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PONCE, LISA
17636 EAGLE LANE
LUTZ, FL 33558

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 _____ *Lisa Ponce* / Lisa Ponce

Signature typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   7/6/05 DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PONCE, LISA
STREET ADDRESS	17636 EAGLE LANE
CITY-ST-ZIP	LUTZ, FL 33558

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07/08/05--80002-015 150.00

DO NOT WRITE IN THIS SPACE

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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)(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: _____ *Lisa Ponce* / Lisa Ponce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   7/6/05 Date   813 920-3400 Daytime Phone #