2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

Sep 08, 2004 8:00 am Secretary of State **DOCUMENT # P03000035879** 09-08-2004 90117 022 ***158.75 A BRIGHTER FUTURE, CHILD DEVELOPMENT AND LEARNING CENTER INC. Principal Place of Business Mailing Address 3902 CORPOREX DRIVE 18151 HERON WALK DRIVE SUITE 100 TAMPA, FL 33647 TAMPA, FL 33619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08182004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 27-005-2316 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HURDLE, VINEAT Street Address (P.O. Box Number is Not Acceptable) 18151 HERON WALK DRIVE TAMPA, FL USA 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HURDLE, VINEA D NAME STREET ADDRESS 3902 CORPOREX PARK DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA::FL 33619 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition HURDLE, NELSON H NAME NAME STREET ADDRESS 3902 CORPOREX PARK DRIVE STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33619** CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition CALLOWAY, DEAN A NAME NAME STREET ADDRESS 3774 LANDAU LANE STREET ADDRESS ATLANTA, GA 30331 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition HURDLE, LENINA D NAME NAME STREET ADDRESS 18151 HERON WALK DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33647 CITY-ST-ZIP TITLE ☐ Delete TTLE Addition GIPSON; AMANDA NAME NAME Gipson Amanda 1043 TWINKLE TOWN ROAD STREET ADDRESS STREET ADDRESS 1043 TWINKE TOWN RA CITY-ST-ZIP MEMPHIS, TN 38116 CITY-ST-ZIP MIMPHIA TN. 38116 TITLE ☐ Delete TITL F Change ☐ Addition HURDLE, ALISHA N NAME NAME Hurdle, Alluha N STREET ADDRESS 703 LAKE POINT FRIVE STREET ADDRESS 703 LAKE POINT Drive STONE MPOUNTAIN, GA 30083 CITY-ST-ZIP C/TY-ST-7IP GA. 30087 MIN 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

FILED

-20-04 8/3 Date Day



SIGNATURE: