## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

SIGNATURE:

## **Secretary of State** DOCUMENT # P03000039001 03-03-2006 90127 024 \*\*\*150.00 TINY TOTS LEARNING CENTER, INC. Principal Place of Business Mailing Address 20013027 1<del>3973 SW 131 C</del>T 13973 SW-151-CT-MIAMI, FL 33196 18400 NW 2AVE Suite#10 MIAMI, FL-33196 MIAMI, FL 33169 2. Principal Place of Business 3. Mailing Address 18400 NW ZAUE Suite#10 15470 SW 151 Street Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02072006 Chg-P Applied For City & State City & State 4. FEI Number Flonda MI ami, Florida MIANI 56-2344295 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Dade/usa 33169 Dade/USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, LAKEATHA 15470 SW 151 Street Street Address (P.O. Box Number is Not Acceptable) 13973 SW 151 CT MIAMI, FL 33196 Miami, Florida 33196 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 registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** Change TITLE TITLE ☐ Addition ☐ Delete 15470 SW 151 Street BROWN, LAKEATHA NAME NAME 19973 GW 151 CT STREET ADDRESS STREET ADDRESS Miami, Florida 33196 MIAMI, FL 33196 CITY - ST - 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

NING OFFICER OF DIRECTOR

FILED Mar 03, 2006 8:00 am