

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000039302**

1. Entity Name  
**INCH WORM FAMILY CHILD CARE, INC.**



Principal Place of Business      Mailing Address  
**2820 SW 4 PLACE      2820 SW 4 PLACE**  
**FORT LAUDERDALE, FL 33312 US      FORT LAUDERDALE, FL 33312 US**



02012005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**76-0729464**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ABRAHAMS, BARBARA M**  
**2820 SW 4 PLACE**  
**FORT LAUDERDALE, FL 33312**

**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 \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE      PRES  
NAME      ABRAHAMS, BARBARA M  
STREET ADDRESS      2820 SW 4 PLACE  
CITY-ST-ZIP      FORT LAUDERDALE, FL 33312

TITLE      SEC  
NAME      ABRAHAMS, NICOLE A  
STREET ADDRESS      2820 SW 4 PLACE  
CITY-ST-ZIP      FORT LAUDERDALE, FL 33312

TITLE  
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05/02/05-80036-019 150.00

**DO NOT WRITE IN THIS SPACE**

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: Barbara Abrahams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-05      954-292-6226  
Date      Daytime Phone #