


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90013 050 ***150.00

DOCUMENT # P03000048544	
1. Entity Name WONDERLAND LEARNING CENTER, INC.	

Principal Place of Business 15 EAST 25TH STREET JACKSONVILLE FL 32206	Mailing Address 15 EAST 25TH STREET JACKSONVILLE FL 32206
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent BROOKS, EARL SR. 2639 PALMDALE STREET JACKSONVILLE FL 32208	7. Name and Address of New Registered Agent Name: <u>Eloise M. Caldwell</u> Street Address (P.O. Box Number is Not Acceptable): <u>953 Crestwood St</u> City: <u>Jacksonville</u> FL Zip Code: <u>32208</u>
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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: Eloise M. Caldwell DATE: 4/21/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <u>P</u> NAME: <u>CARTER, EVELYN R</u> STREET ADDRESS: <u>7711 MCCOWAN STREET</u> CITY-ST-ZIP: <u>JACKSONVILLE FL 32244</u>	<input checked="" type="checkbox"/> Delete	TITLE: <u>President</u> NAME: <u>Eloise Caldwell</u> STREET ADDRESS: <u>953 Crestwood St</u> CITY-ST-ZIP: <u>Jacksonville FL 32208</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <u>President</u> NAME: <u>CALDWELL, ELOUISE</u> STREET ADDRESS: <u>1333 DUNNS AVE #1304</u> CITY-ST-ZIP: <u>JACKSONVILLE FL 32218</u>	<input type="checkbox"/> Delete	TITLE: <u>V.P.</u> NAME: <u>Antoinette L. Bailey</u> STREET ADDRESS: <u>1645 W. 45th St</u> CITY-ST-ZIP: <u>Jacksonville 32208</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <u>VP</u> NAME: <u>BAILEY, ANTOINETTE L</u> STREET ADDRESS: <u>1645 W. 45TH STREET</u> CITY-ST-ZIP: <u>JACKSONVILLE FL 32208</u>	<input type="checkbox"/> Delete		
TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>	<input type="checkbox"/> Delete		
TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>	<input type="checkbox"/> Delete		
TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>	<input type="checkbox"/> Delete		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eloise M. Caldwell DATE: 4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR