

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90222 029 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |                                                                                     |                                                                                                                                                                                                                         |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000098036</b><br>1. Entity Name<br><b>KINDER CARE SERVICES INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    |                                                                                     |                                                                                                                                                                                                                         |  |  |
| Principal Place of Business<br><b>6420 FLETCHER STREET<br/>HOLLYWOOD, FL 33023</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |                                                                                     | Mailing Address<br><b>8618 S. SUTTON DR.<br/>MIRAMAR, FL 33025</b>                                                                                                                                                      |                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                               |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |                                                                                     | City & State                                                                                                                                                                                                            |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    | Country                                                                             |                                                                                                                                                                                                                         | Zip                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | Country                                                                             |                                                                                                                                                                                                                         | 04212005    Chg-P    CR2E034 (10/03)                                              |  |
| 4. FEI Number<br><b>NOT APPLICABLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                     |                                                                                                                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                                                     |                                                                                                                                                                                                                         | <b>\$8.75 Additional<br/>Fee Required</b>                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>A1A REGISTERED AGENT INC.<br/>92 SADBERRY RD.<br/>QUINCY, FL 32351</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    |                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>DAILE WAINWRIGHT</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8618 S. Sutton Drive</b><br>City <b>MIRAMAR</b> <b>FL</b> Zip Code <b>33025</b> |                                                                                   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    |                                                                                     |                                                                                                                                                                                                                         |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                         | <b>\$5.00 May Be<br/>Added to Fees</b>                                            |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                    |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                   |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>WAINWRIGHT, DAILE<br>8618 S. SUTTON DR.<br>MIRAMAR, FL 33025 <input type="checkbox"/> Delete |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>WAINWRIGHT, DEVON<br>8618 S. SUTTON DR.<br>MIRAMAR, FL 33025 <input type="checkbox"/> Delete |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                    |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                    |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                    |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                    |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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. |                                                                                                    |                                                                                     |                                                                                                                                                                                                                         |                                                                                   |  |
| <b>SIGNATURE:</b> <i>Daile Wainwright</i> <b>Daile Wainwright</b> 4-22-05    (954) 257-6524<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    |                                                                                     |                                                                                                                                                                                                                         |                                                                                   |  |