2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2004
Secretary of State

DOCUMENT# P03000104759

Entity Name: WINDOW OF WONDERS CHILDCARE FOR SPECIAL NEEDS INCORPORATED

Current Principal Place of Business:

159 LAKE HARRIET DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

159 LAKE HARRIET DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 90-0115658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVILA, ROSSANA
159 LAKE HARRIET DRIVE
ALTAMONTE SPRINGS, FL 32714

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAVILA, ROSSANA
Address: 159 LAKE HARRIET DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V ( ) Delete
Name: RODRIGUEZ, OLLIE D
Address: 159 LAKE HARRIET DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete
Name: CORNEJO, ALICIA
Address: 159 LAKE HARRIET DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSANNA DAVILA P 04/10/2004

Electronic Signature of Signing Officer or Director — Date