

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/9/2004-90013-044-\$150.00-\$150.00

DOCUMENT # P03000133339 1. Entity Name KID'S DREAM LEARNING CENTER, INC.				 <div style="position: absolute; top: 0; right: 0; text-align: right;"> FILED 04 OCT -4 PM 2:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 293 DEER RUN DRIVE MIAMI SPRINGS FL 33166		Mailing Address 293 DEER RUN DRIVE MIAMI SPRINGS FL 33166			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2682383	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALMODOUAR, LOURDES R 293 DEER RUN DRIVE MIAMI SPRINGS FL 33166				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ALMODOUAR, LOURDES R 293 DEER RUN DRIVE MIAMI SPRINGS FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CASTILLO, BERNARDO S 293 DEER RUN DRIVE MIAMI SPRINGS FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 files empowered.					
SIGNATURE <i>Paula L. Hyslop, Secretary</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 8/31/04 Daytime Phone # 305-885-2770		

September 20, 2004.

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

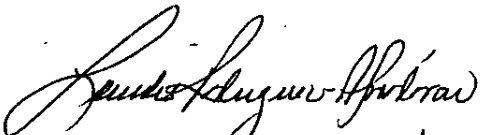
Subject: Kid's Dream Learning Center, Inc.
Reference Number: P03000133339

In reference with the letter dated September 10, 2004 (Attached) **I never received the prior notice in reference of Due Date and Past Due fees.** I only received the Dissolution/Revocation Notice in August 20, 2004.

When I received the Dissolution/Revocation notice I called to Florida Department of State and the Agent tell me if I do not received the prior notification I want to send the payment of \$150.00.

I send the payment of \$150.00 with my check #7011, my Name, and my husband's name corrections. (Please see attached copies).

Thank you in advance,

A handwritten signature in black ink, appearing to read 'Lourdes Rodriguez-Almodovar', is written over a horizontal line.

Lourdes Rodriguez-Almodovar
Kid's Dream Learning Center, Inc.