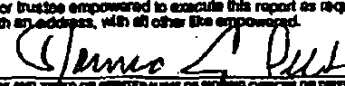


FILED
May 27, 2005 8:00 am
Secretary of State

04-26-2005 90166 041 ****58.75
03-21-2005 90103 042 ***100.00

Document # P04060114852

PELT'S CHILD CARE ACADEMY, INC.					
Principal Place of Business 885 EYSTER BLVD. ROCKLEDGE FL 32955		Mailing Address 885 EYSTER BLVD. ROCKLEDGE FL 32955			
2. Principal Place of Business		3. Mailing Address			
Subs. Apt. #, etc.		Subs. Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3478842	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PELT, NORMA 940 LEXINGTON RD. ROCKLEDGE FL 32955				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Accessible) 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 _____ Signature, typed or printed name of registered agent and title if available (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	PELT, NORMA			NAME	
STREET ADDRESS	940 LEXINGTON RD.			STREET ADDRESS	
CITY - ST - ZIP	ROCKLEDGE FL 32955			CITY - ST - ZIP	
TITLE	VP	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	DEETT, LADONNA			NAME	VP Deett, Ladonna Deett
STREET ADDRESS	4945 BROOKHAVEN STREET			STREET ADDRESS	940 Lexington Road
CITY - ST - ZIP	PORT ST. JOHN FL 32927			CITY - ST - ZIP	Rockledge, FL 32955
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 				321 635-9292	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	