

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90026 040 ***158.75

DOCUMENT # P04000115405 1. Entity Name TINY FUTURE ACADEMY, INC.			
Principal Place of Business 3005 NW 62ND STREET MIAMI, FL 33127		Mailing Address 3005 NW 62ND STREET MIAMI, FL 33127	
2. Principal Place of Business <i>2477 N.W. 60 St</i>		3. Mailing Address <i>2477 N.W. 60 St</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Miami, Florida</i>		City & State <i>Miami, Florida</i>	
Zip <i>33142</i>		Zip <i>33142</i>	
Country <i>U.S</i>		Country <i>U.S</i>	
4. FEI Number <i>* 20-1477349</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		07272005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent HOLLOWAY, CANDACE 3005 NW 62ND STREET MIAMI, FL 33127		7. Name and Address of New Registered Agent Name <i>Holloway, Candace</i> Street Address (P.O. Box Number is Not Acceptable) <i>2477 N.W. 60 Street</i> City <i>Miami</i> FL Zip Code <i>33142</i>	
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 <i>Candace Holloway</i> DATE <i>7/27/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director HOLLOWAY, CANDACE 17134 NW 9TH AVENUE MIAMI, FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Levell, Vicki 1135 N.W 83 Street Miami, Florida 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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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 like empowered.			
SIGNATURE: <i>Candace Holloway</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Candace Holloway</i>	
DATE <i>7/27/05</i>		DAYTIME PHONE # <i>786-299-7784</i>	