2007 FOR PROFIT CORPORATION ANNUAL REPORT -

FILED May 14, 2007 8:00 am Secretary of State

DOCUMENT # P06000061480 1. Entity Name CLOWN AROUND PRESCHOOL INC.						05-14-2007	_	33 ***15	
Principal Place 13301 MEM MIAMI, FL 3		Mailing Address 13301 MEMORIAL HV MIAMI, FL 33161	13301 MEMORIAL HWY						
	face of Business - No P.O. Box #	1.2.1.111							
2. Principal P	3. Mailing Address				ANK ANN KANA BANA BAN				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04232007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State		4. FEI Number	48057	193		plied For t Applicable	
Zip	Country	Zip	Countr	ry		f Status Desired	\$	8.75 Add	litional
	6. Name and Address of Curren	t Registered Agent	1.		7. Name and A	Address of New R	Registered A	gent	·
RUIZ. ABIGAIL				Name					
1510 NORTH 64 AVENUE HOLLYWOOD, FL 33024			Street Address (P.O. Box Number is Not Acceptable)						
				City	······································		FL	Zip Code	e
The above named entity submits this statement for the purpose of changing its registere				d office or regist	ered agent or both	in the State of Ele		milior with	and accept
	tions of registered agent.	or the purpose of changing t	ra Lefistere	G Ollice Ot 168181	ered agent, or both	, in the State Of Fit	onua. raine	orunga waan,	and accept
SIGNATURE.	Signature, typed or printed name of registered ager	not title if spotcable (NC	TF: Registered	Agent signature requir	red when reinstation)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Camp Trust Fund Col			5.00 May Be ided to Fees				
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	DP	· Delete	TITLE	1				Change	☐ Addition
NAME STREET ADDRESS	RUIZ, ABIGAIL 1510 NORTH 64 AVENUE		NAME	T ADDRESS					
CITY-ST-ZIP	HOLLYWOOD, FL 33024			ST-ZIP					
TITLE	DVP	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	DAWKINS, KIMBERLY		NAME	L					
STREET ADDRESS	12180 NE 5 AVENUE			ST-ZIP					
CITY-ST-ZIP	MIAMI, FL 33161		FITLE		-			☐ Change	Addition
TITLE NAME	KIRKWOOD, ERICA	☐ Delete	NAME	I				Change	
STREET ADDRESS	807 NW 91 TERRACE			T ADDRESS					i
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-	ST-ZIP		·			
TITLE		☐ Oelete	TITLE	l l				Change	Addition
NAME STREET ADDRESS			NAME	ET ADORESS					
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TIFLE				•	Change	Addition
NAME	1		NAME	: 					İ
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP				Channe	☐ Addition
CITY-ST-ZIP		☐ Delete		ST-ZIP				☐ Change	☐ Addition
CITY-ST-ZIP		☐ Delete	CITY- TITLE NAME	ST-ZIP				☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied w		CITY- TITLE NAME STREE CITY-	ST-ZIP ET ADDRESS ST-ZIP					

12. I neepy certify that the information supplied with this liting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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 orath; 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.

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SIGNATURE AND PRED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

30/07