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PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 OCT -7 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000060025 (2)

1. Corporation Name

WONDER YEARS LEARNING CENTER, CORP.

REINSTATEMENT 97

Principal Place of Business	Mailing Address
3130 TAMPA ROAD #27-30 OLDSMAR FL 34677	SAME

3. Date Incorporated or Qualified: 8/23/93	3a. Date of Last Report: 5/1/96
4. FEI Number: 65-0445348	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 3130 Tampa Rd #27-30	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Oldsmar, Fl	28 City & State
24 Zip: 34677 25 Country: US	29 Zip 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLAUDINE PEDRAJA 3130 TAMPA ROAD, SUITE 27-30 OLDSMAR FL 34677	81 Name: Claudine S. Andrews 82 Street Address (P.O. Box Number is Not Acceptable): 3130 Tampa Rd #27-30 83 84 City: Oldsmar FL 85 Zip Code: 34677

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Claudine S. Andrews — 9/2/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D CLAUDINE PEDRAJA 3130 TAMPA ROAD, #27-30 OLDSMAR FL 34677 ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P,D Claudine S. Andrews 3130 Tampa Rd #27 Oldsmar, Fl 34677 ☒ Change ☐ Addition
	☐ DELETE	21 / 22 / 23 / 24	☐ Change ☐ Addition
	☐ DELETE	31 / 32 / 33 / 34	☐ Change ☐ Addition
	☐ DELETE	41 / 42 / 43 / 44	☐ Change ☐ Addition
	☐ DELETE	51 / 52 / 53 / 54	☐ Change ☐ Addition
	☐ DELETE	61 / 62 / 63 / 64	☐ Change ☐ Addition

TAMPA RECORDS COPY

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****750.00 ☐ Change ☒ Addition

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Claudine S. Andrews — 9/2/97 — 813-787-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #