

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000040025
 1. Corporation Name
Wonder Years Learning Center, Corp.

Principal Place of Business Mailing Address
3130 Tampa Rd #27
Oldsmar, FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **4/94**
 4. FEI Number **65-0445348**
 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 owes or has paid the current year (starting with Personal Property Tax due June 30) Yes No
 10. Name and Address of New Registered Agent

2. Principal Place of Business
 21. **1884 Eagle Trace Blvd**
 State Apt # etc
 22. City & State
Palm Harbor, FL
 Zip Country
34685 US
 2a. Mailing Address
 26. **1884 Eagle Trace**
 Suite, Apt #, etc
 27. City & State
Palm Harbor, FL
 Zip Country
34685 US

9. Name and Address of Current Registered Agent

81. Name **Claudine Andrews**
 82. Street Address (P.O. Box Number is Not Acceptable)
1884 Eagle Trace Blvd
 83.
 84. City **Palm Harbor** FL 85. **34685**

11. Pursuant to the provisions of Sections 607.0602 and 607.1506 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 Andrews*

(If the filer is a filer, a signature required when reinstating)

9/10/98

12. OFFICERS AND DIRECTORS	
1. TITLE	<input checked="" type="checkbox"/> DELETE
2. NAME	Claudine A Pedraza
3. STREET ADDRESS	3130 Tampa Rd #27
4. CITY, ST, ZIP	Oldsmar, FL 34677
5. TITLE	<input type="checkbox"/> DELETE
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> DELETE
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> DELETE
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> DELETE
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
2. NAME	President
3. STREET ADDRESS	Claudine S. Andrews
4. CITY, ST, ZIP	1884 Eagle Trace Blvd
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6. NAME	Palm Harbor, FL 34685
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

100002652781
-09/30/98--01077--041
*****550.00**

SA 9/29/98

14. I, the undersigned, certify that the information supplied in this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information in the annual report and supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am either an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes and that my name appears in Block 13 or 13a of this filing, or on an attachment with an address.

SIGNATURE: *Claudine Andrews* 9/10/98 813 781-1454