


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P96000081318	
1. Entity Name TWO BY TWO PRESCHOOL, INC.	

Principal Place of Business 105 NE 1ST AVENUE WILLISTON, FL 32696	Mailing Address 105 NE 1ST AVENUE WILLISTON, FL 32696
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04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3404118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHARON C. BRANNAN, CPA PA 116 NE 6TH AVE WILLISTON, FL 32696

**DO NOT WRITE
IN THIS SPACE**

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U000000905819 05/01/08-80066-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGATE, SUZANNE 219 SE 3RD AVE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOGATE, ROY E 219 SE 3RD AVE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STARNES, ROBIN PO BOX 186 BRONSON, FL 32
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WILSON, SANDY 19250 NE 50TH SR WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Suzanne Hogate Suzanne Hogate D

4/16/08 352)528-4242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #