2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # P97000057107 SUGAR N' SPICE LEARNING CENTER INC. Principal Place of Business ___ Mailing Address 10822 124TH AVE. N. 1194 GROVE ST. CTEARWATER, FL 34615-4828 LARGO, FL 33778-2716 04012005 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3454215 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE MERRITT, ROSEMARI 10822 124TH AVE. N. LARGO, FL 33778-2716 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MERRITT, ROSEMARI NAME U00000287484 04/04/05-80062-025 150**.0**0 STREET ADDRESS 10822 124TH AVE. N. LARGO, FL 337782716 CITY-ST-ZIP VP TITLE MERRITT, RANDY 10822 124TH AVENUE NORTH STREET ADDRESS LARGO, FL 337782716 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE

I hereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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