


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90021 047 ***158.75

DOCUMENT # P97000060085

1. Entity Name
TINY TREASURES EARLY LEARNING INC.



Principal Place of Business Mailing Address
920 TOWN HALL AVE. **920 TOWN HALL AVE.**
JUPITER FL 33458 **JUPITER FL 33458**

2. Principal Place of Business 3. Mailing Address
4350 Tellin Ave Suite, Apt. #, etc.

City & State City & State
West Palm Bch, FL Suite, Apt. #, etc.

Zip Country Zip Country
33406 **USA**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
KINCAID, MICHELE A
15316 75TH WAY NORTH
PALM BEACH GARDENS FL 33418

4. FEI Number Applied For
65-0783879 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: **Kincaid Michele A**
 Street Address (P.O. Box Number is Not Acceptable): **1880 TUDOR Rd**
 City: **North Palm Beach** FL Zip Code: **33408**

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: *Michele A Kincaid* DATE: **3/4/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KINCAID, MICHELE A	
STREET ADDRESS	1880 TUDOR ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAXWELL, KATHERYN L	
STREET ADDRESS	7939 MANOR FOREST BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: *Michele A Kincaid* DATE: **3/4/04** DAYTIME PHONE #: **561-744-9299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR