

FILED
May 05, 2003 8:00 am
Secretary of State

0260717 ΔV

DOCUMENT # V15930

1. Entity Name
CHILDRENS WORLD OF LEARNING, INC.

Principal Place of Business
400 EAST PROSPECT ROAD
OAKLAND PARK FL 33334

Mailing Address
400 EAST PROSPECT ROAD
OAKLAND PARK FL 33334

2. Principal Place of Business
4651 N. DIXIE Hwy
Suite, Apt. #, etc.

3. Mailing Address
4651 N. DIXIE HIGHWAY
Suite, Apt. #, etc.

City & State
OAKLAND PARK, FLORIDA

City & State
OAKLAND PARK, FLORIDA

Zip
33334

Country
USA

Zip
33334

Country
USA

6. Name and Address of Current Registered Agent

TOZZI, YVONNE
4651 N. DIXIE HIGHWAY
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
TOZZI, YVONNE
4651 N. DIXIE HWY.
OAKLAND PARK FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 954-240-1290

Date
Daytime Phone #