

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90034 009 \*\*\*\*61.25

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01152007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 704372</b>					
1. Entity Name PRIMROSE CENTER, INC.					
Principal Place of Business 2733 S FERNCREEK AVE ORLANDO, FL 32806			Mailing Address 2733 S FERNCREEK AVE ORLANDO, FL 32806		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0699143	
				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				7. Name and Address of New Registered Agent	
VAN BUREN, MARY M EXECDIR 2733 S FERNCREEK AVENUE ORLANDO, FL 32806				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, LESLIE		NAME	NORTH, LESLIE	
STREET ADDRESS	1738 WESTOVER RES BLVD		STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, HELEN		NAME		
STREET ADDRESS	618 ALBERTSON PLACE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT-EVANS, FAYE		NAME		
STREET ADDRESS	1614 OVERLOOK RD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOERTER, BOB		NAME		
STREET ADDRESS	757 GREEN OAKS CT		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLETT, VICKI		NAME		
STREET ADDRESS	524 WOODVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32719		CITY-ST-ZIP		
TITLE	PCDT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMM, PAUL		NAME		
STREET ADDRESS	4262 VIXEN CT		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
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 617, 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.					
<b>SIGNATURE:</b> _____		MARY VAN BUREN		1-15-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	
				407-848-7201	

ATTACHMENT

Wood 368

#704372

**Primrose Center, Inc.**

**Attachments to 2006 Not-For-Profit Corporation Annual Report**

Box 11: Additions/Changes To Officers And Directors:

Additional Director:

Title: D

Name: J. Stephen Brooks

Street Address: 1843 Puritan Ave.

City, State, Zip: Winter Park, FL 32792

Additional Director:

Title: D

Name: Liliana Jaramillo

Street Address: 7913 Wellsmere Cr.

City, State, Zip: Orlando, FL 32835

Additional Director:

Title: D

Name: Jerry Mobley

Street Address: 1905 Hounds Lake Dr.

City, State, Zip: Winter Park, FL 32792