


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

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 709534</b> 1. Entity Name HOBE SOUND CHILD CARE CENTER, INC.	
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Principal Place of Business 11580 S.E. GOMEZ AVE. HOBE SOUND, FL 33455	Mailing Address 11580 S.E. GOMEZ AVE. HOBE SOUND, FL 33455
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**DO NOT WRITE IN THIS SPACE**



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1107869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KING, MARY T  
 8536 MAY TERRACE  
 HOBE SOUND, FL 33455

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

UD0000624031  
 02/14/07-80014-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAGNER, JOANNE 11580 SE GOMEZ AVE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KING, MARY 8536 MAY TERRACE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITCOMB, CAMILLE 6789 SE MOURNING DOVE WAY HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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.

**SIGNATURE:** *Mary T King* **1-31-07** **772-546-5462**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #