2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# N01036

Entity Name: LITTLE LAMBS LEARNING CENTER, INC.

Current Principal Place of Business:

197 S. COTTAGE HILL ROAD
ORLANDO, FL 328052331

New Principal Place of Business:

Current Mailing Address:

1039 W. FAIRBANKS AVENUE
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-2439231 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITEHURST, JULIA E
4739 SPANIEL STREET
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WHITEHURST, JULIA E	
Address:	4739 SPANIEL STREET	
City-St-Zip:	ORLANDO, FL 32818	
Title:	VD	( ) Delete
Name:	STEWARD, CRYSTAL R	
Address:	880 N. DENNING DR.	
City-St-Zip:	WINTER PARK, FL 32879	
Title:	SD	( ) Delete
Name:	BARNES, ELLA M	
Address:	227 SEELY AVE	
City-St-Zip:	ORLANDO, FL 32808	
Title:	TD	( ) Delete
Name:	SLAUGHTER, ALPHONSO	
Address:	255 MURRAY DR.	
City-St-Zip:	ORLANDO, FL 32808	
Title:	D	( ) Delete
Name:	WADE, ANDREW T	
Address:	4739 SPANIEL ST.	
City-St-Zip:	ORLANDO, FL 32818	
Title:	EVP	( ) Delete
Name:	TAYLOR, DEBREITA D	
Address:	231 KENT STREET	
City-St-Zip:	ORLANDO, FL 32805	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIA E. WHITEHURST PD 04/19/2005

Electronic Signature of Signing Officer or Director — Date