

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01036

FILED
May 01, 2006
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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 Chapter 119, 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

05/01/2006

Electronic Signature of Signing Officer or Director

Date