## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000135153

Entity Name: MY SECOND HOME PRESHOOL AT SUNRISE, INC

FILED Feb 29, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4684 NW 10 SUNRISE, I					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4684 NW 10 SUNRISE, I					
FEI Number:	74-3173798	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address o	of New Registered Agent:	
1440 CORA	ERNANDO AL RIDGE DR RINGS, FL 3				
The above in the State		submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	E:				
	Electror	ic Signature of Registered Age	ent	Date	
Election Cam	paign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ROBLES, FERI	IDGE DRIVE # 125	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ROBLES, FERI	IDGE DRIVE # 125	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ROBLES, FERI	IDGE DRIVE # 125	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	VP (	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO ROBLES P 02/29/2008