2007 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # P06000140674 1. Entity Name HAPPY START DAY CARE LEARNING CENTER, CORP				05-02-2007 90062 012 ***150.00	
Principal Plac	e of Business	Mailing Address			
11300 N.W. Miami, FL 33	87 COURT	11300 N.W. 87 COURT Miami, FL 33016			
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Şuite, Apt.	#, etc.	Suite, Apt. #, etc.		04302007 Chg-P CR2E034 (12/06)	
City & State	e	City & State		4. FEI Number 20 – 5884433 Applied Fo	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
GARCIA, F	ROSA		Name		
11300 N.W MIAMI, FL	V. 87 COURT 33016		Street Addre	ss (P.O. Box Number is Not Acceptable)	
, i					
			City	FL Zip Code	-
	named entity submits this statement finds of registered agent.	or the purpose of changing its	registered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and acc	cept
CICNIATURE					
SIGNATURE_	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	; Registered Agent signature red	quired when reinstating) DATE	•
(FIL	Signature, typed or printed name of registered agents E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai	gn Financing	\$5.00 May Be Added to Fees	-
(FIL	E NOW!!! FEE IS \$150.00	9. Election Campai Trust Fund Contr	gn Financing	\$5.00 May Be	-
After Ma	E NOW!!! FEE IS \$150.00 BY 1, 2007 Fee will be \$550. OFFICERS AND P GARCIA, ROSA	9. Election Campai Trust Fund Contr	gn Financing (ibution	\$5.00 May Be Added to Fees	dition
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12. I hereby certify that the information supplied with this filling 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 607. 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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #