2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007
Secretary of State

DOCUMENT# 384524

Entity Name: PEMBROKE PARK CHILD CARE CENTER, INC.

Current Principal Place of Business:

5499 S.W. 82 AVE.
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

5499 S.W. 82 AVENUE
DAVIE, FL 33328

New Mailing Address:

FEI Number: 59-1410433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESAGE, SUSAN
17851 SW 4TH COURT
DAVIE, FL 33029 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ELMS, DAVID T
Address: 12909 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T ( ) Delete
Name: ELMS, MELANIE
Address: 12909 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S ( ) Delete
Name: LESAGE, SUSAN
Address: 17851 SW 4TH COURT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: BM ( ) Delete
Name: SALAMIDA, MARTIN
Address: 11061 SW 30TH COURT
City-St-Zip: DAVIE, FL 33328

Title: BM ( ) Delete
Name: LAWES, DONVILLE
Address: 9230 NW 14 STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: BM ( ) Delete
Name: LEONARD, JAMES E
Address: 1521 CATHEDRAL DRIVE
City-St-Zip: MARGATE, FL 33063

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN LESAGE S 02/16/2007

Electronic Signature of Signing Officer or Director Date