

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 551520

FILED
Feb 23, 2006
Secretary of State

Entity Name: WEE CARE DAY CARE, INC.

Current Principal Place of Business:

P O BOX 145
66 HWY. 19 S.
INGLIS, FL 32229

New Principal Place of Business:

9825 W. 7 RIVER FARMS ST.
CRYSTAL RIVER, FL 34428

Current Mailing Address:

P O BOX 145
66 HWY. 19 S.
INGLIS, FL 32229

New Mailing Address:

9825 W. 7 RIVER FARMS ST.
CRYSTAL RIVER, FL 34428

FEI Number: 59-1865052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARNAN, JOAN D.
66 S. HIGHWAY 19
P O BOX 145
INGLIS, FL 32649 US

Name and Address of New Registered Agent:

FARNAN, JOAN D.
9825 W. 7 RIVER FARMS ST.
CRYSTAL RIVER, FL 34428 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: JOAN D FARNAN

02/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: FARNAN, JOAN D.,
Address: 66 S. HWY. 19
City-St-Zip: INGLIS, FL

Title: V () Delete
Name: TOWNSEND, CYNTHIA A.,
Address: 66 S. HWY. 19
City-St-Zip: INGLIS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: FARNAN, JOAN D.,
Address: 9825 W. 7 RIVER FARMS ST.
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: V (X) Change () Addition
Name: TOWNSEND, CYNTHIA A.,
Address: 9825 W. 7 RIVER FARMS ST.
City-St-Zip: CRYSTAL RIVER, FL 34428

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: JOAN D. FARNAN

PSD

02/23/2006

Electronic Signature of Signing Officer or Director

Date