## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

ANNUAL REPORT				Jan 29, 2007 00.00			
DOCUMENT # 581464  1. Entity Name				Secretary of Stat			
MAITLAN	ID FARM PRESCHOOL, INC.	· · · · · · · · · · · · · · · · · · ·					
Principal Place	e of Business	Mailing Address 5990 5TH ST SW	4. 01114				
	1, FL 32968	VERO BEACH, FL 32968	that the	1	* * * * *	•	
			01162007	No Chg-P	CR2E034 (11/05)		
DO NOT WRITE IN THIS SPA			CE	4. FEI Number		Applied For	
:				59-184	1501 of Status Desired	Not Applicable  \$8.75 Additional	
	6. Name and Address of Current Re	gistered Agent	<u> </u>	5. Certificate	OI Status Desired	Fee Required	
	AMUEL A., ESQ.		DO	NOT W	RITE		
601 21ST STREET SUITE 401, COMMERCIAL BANK BLDG.			DO NOT WRITE IN THIS SPACE				
VERO BEA	ACH, FL 32960			A E W		~~	
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE							
Signature, typed or printed name of registered agent and talle if applicable. (NOTE Registered Agent signature required when reinstating) - DATE							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		.00 May Be led to Fees	U0000 02/02/07	0610249 -80015-001 150.00	
10.	OFFICERS AND DI	RECTORS		-			
NAME STREET ADDRESS	KAHLE, SANDRA R. 6020 5TH STREET S.W.						
CITY-ST-ZIP	VERO BEACH, FL		_				
TITLE NAME	ST KAHLE, GEORGE A. JR.						
STREET ADDRESS CITY-ST-ZIP	6020 5TH STREET S.W. VERO BEACH, FL		J				
TITLE NAME		,					
STREET ADDRESS C:TY-ST-ZIP				DO	NOT W	'RITE	
TITLE			,	IN T	THIS SF	PACE	
NAME STREET ADDRESS							
CITY-ST-ZIP TITLE			ł				
name Street address							
CITY-ST-ZIP			4				
NAME							
STREET ADDRESS CITY+ST+ZIP			ŀ				

12. I hereby certify that the information supplied with this filing 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 eath; 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.

SIGNATURE: \_

SNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George A Kahler.1-25-07

Mr. 2016 2020

Daytime Phone #