2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State
03-19-2007 90095 022 ****61.25

DOCUMENT # 708764

1. Entity Name
BRIGHTEST HORIZONS MISSION, INC.

Principal Place of Business	Mailing Address
10320 GLADIOLUS DRIVE P.O. BOX 08072 FT. MYERS, FL 33908-8072 US	P.O. BOX 08072 FT. MYERS, FL 33908-8072 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10320 Gladiolus Dr.	P.O. Box 08072
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers FL.	City & State: Fort Myers FL.
Zip: 33908 Country: Lee	Zip: 33908 Country: Lee

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01192007 Chg-NP CR2E037 (12/06)

4. FEI Number 23-7378076 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DANIELS, CAROL 13310 CORAL DRIVE FORT MYERS, FL 33908	Name: Nathalie Pyle Street Address (P.O. Box Number is Not Acceptable): 11542 Laika Lane City: Captiva FL Zip Code: 33924

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: Nathalie Pyle Nathalie Pyle 03/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RICHARDSON, JEAN M DR. 1513 HARBOR CT. FORT MYERS, FL 33908	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Nathalie Pyle 11542 Laika Lane Captiva, FL. 33924	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADLER, JOHN S REV. 1406 S LARKWOOD SQ FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Harvey Heckes 15000 Bridgeway Lane #201 Fort Myers FL. 33919	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ADLER, WANDA 1406 S LARKWOOD SQ FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D James Luther 8260 Langshire Way Fort Myers FL. 33912	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EDD SHADDOCK, KATHLEEN P 2303 SE 6TH TERR. CAPE CORAL, FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Morley 604 Sea Oats Dr. Sanibel FL. 33957	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VERTICH, J. COREY 13817 PINE VILLA LANE FORT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FINDLEY, BRUCE 14671 FAIR HAVENS ROAD FORT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Bruce Findley 14671 Fair Havens Road Fort Myers FL. 33908	☑ Change ☐ Addition

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 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 617, 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: Nathalie Pyle Nathalie Pyle 03/16/07 239-395-1886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #