

2007 FOR PROFIT CORPORATION ANNUAL REPORT


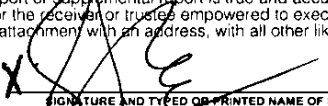
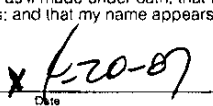
FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90460 005 ***150.00

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04192007 Chg-P CR2E034 (12/06)

DOCUMENT # 852161					
1. Entity Name LA PETITE ACADEMY, INC.					
Principal Place of Business 130 S. JEFFERSON 300 CHICAGO, IL 60661			Mailing Address 130 S. JEFFERSON 300 CHICAGO, IL 60661		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 43-1243221	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAVES, GARY 130 S. JEFFERSON, SUITE 300 CHICAGO, IL 60661	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIS, WILLIAM, D. 130 S. JEFFERSON # 300 CHICAGO, IL 60661	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MURRAY, STEPHEN 1221 AVENUE OF THE AMERICAS, 39TH FLOOR NEW YORK, NY 100201080	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MEYERS, KATHERINE, W. 130 S. JEFFERSON # 300 CHICAGO, IL 60661	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT DYMENT, NEIL P 130 S JEFFERSON ST, STE CHICAGO, IL 60661	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT JERNEYCIC, FRANK 130 S. JEFFERSON # 300 CHICAGO, IL 60661	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'BRIEN, KEVEN 2200 ROSS AVENUE 6TH FLOOR DALLAS, TX 75201	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	HR SMITH, SCOTT, W. 130 S. JEFFERSON # 300 CHICAGO, IL 60661	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DAVIS, GREGORY 130 S. JEFFERSON, SUITE 300 CHICAGO, IL 60661	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S YOUNG, IRA L. 130 S. JEFFERSON # 300 CHICAGO, IL 60661	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUCKLAND, WILLIAM 130 S. JEFFERSON, SUITE 300 CHICAGO, IL 60661	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 			FRANK JERNEYCIC 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		