

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000080

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: WEE DISCOVER AFTER SCHOOL PROGRAM, LTD. COMPANY

## Current Principal Place of Business:

622 EDGEWATER DR #722  
DUNEDIN, FL 34698

## New Principal Place of Business:

## Current Mailing Address:

622 EDGEWATER DR #722  
DUNEDIN, FL 34698

## New Mailing Address:

FEI Number: 37-1390856

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURD, KYLA L  
622 EDGEWATER DR #722  
DUNEDIN, FL 34698 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: CP ( ) Delete  
Name: BURD, KAREN S  
Address: 622 EDGEWATER DR #722  
City-St-Zip: DUNEDIN, FL 34698

Title: VCV ( ) Delete  
Name: BURD, DARRELL E  
Address: 622 EDGEWATER DR #722  
City-St-Zip: DUNEDIN, FL 34698

Title: S ( ) Delete  
Name: PENA, SONYA R  
Address: 212 PIONEER RIDGE  
City-St-Zip: COLUMBIA, IL 62236

Title: T ( ) Delete  
Name: BURD, KYLA L  
Address: 622 EDGEWATER DRIVE #722  
City-St-Zip: DUNEDIN, FL 34698

## 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:

I hereby certify that the information supplied with this filing does not qualify 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: KAREN BURD

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date