2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78017

FILED Mar 17, 2006 Secretary of State

Entity Name: SUNSHINE TREE CHILD CARE CENTER, INC.

Current P	rincipal Place	e of Business:	New Principal Place	e of Business:
	NOR ROAD BEACH, FL 33	3408		
Current Mailing Address:		New Mailing Address:		
	NOR ROAD BEACH, FL 33	3408		
FEI Number	: 59-2224235	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
2036 [°] RAD	ZABETH D NOR RD. BEACH, FL 33	3408 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida. RE:			ed office or registered agent, or both,
in the Stat	e of Florida. RE: Electro	nic Signature of Registered Aç		ed office or registered agent, or both, Date
in the Stat	e of Florida. RE: Electro			
in the Stat SIGNATU Election Ca	e of Florida. RE: Electro	nic Signature of Registered Ac	gent	
in the Stat SIGNATU Election Ca	e of Florida. RE: Electrol mpaign Financin S AND DIREC	nic Signature of Registered Ag ng Trust Fund Contribution (). CTORS:) Delete ETH D., R RD	gent	Date
n the Stat SIGNATU Election Ca OFFICER Fitle: Name: Address:	e of Florida. RE: Electron mpaign Financin S AND DIRECT P (HOF, ELIZABE 2036 RADNOR N. PALM BEACT V (MOONEY, KAF 6474 146TH R	nic Signature of Registered Age of Trust Fund Contribution (). CTORS:) Delete ETH D., R RD CH, FL 33408) Delete RYN	gent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTORS

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: ELIZABETH D HOF P 03/17/2006