

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G38862

FILED
Apr 26, 2007
Secretary of State

Entity Name: TINY CITIZENS DAY CARE, INC.

Current Principal Place of Business:

% PATRICK F. SPRAGUE
1904 E. BUSCH BLVD.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

% PATRICK F. SPRAGUE
1904 E. BUSCH BLVD.
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-2361311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRAGUE, PATRICK F.
1904 E. BUSCH BLVD.
TAMPA, FL 33612 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: P () Delete
Name: GIBBS, WILLIAM EUGEN, E
Address: 11418 BLOOMINGDALE AVE
City-St-Zip: RIVERVIEW, FL 33569

Title: STD () Delete
Name: GIBBS, DEBORAH ANN,
Address: 11418 BLOOMINGDALE AVE.
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM E. GIBBS

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

Date