

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G43586 1. Entity Name CHILDREN'S VILLAGE DEVELOPMENTAL LEARNING CENTER, INC.						FILED 07 APR -4 PM 3: 34 OFFICE OF THE CLERK OF THE STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 145 LEWIS POINT ROAD ST AUGUSTINE, FL 32086 US				Mailing Address 145 LEWIS POINT ROAD ST AUGUSTINE, FL 32086 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 04022007 Chg-P CR2E034 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-2119039				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 KAMM, BABETTE A 145 LEWIS POINT ROAD ST AUGUSTINE, FL 32086				7. Name and Address of New Registered Agent Name WEAVER, Babette A. Street Address (P.O. Box Number is Not Acceptable) 145 LEWIS POINT ROAD City ST AUGUSTINE FL Zip Code 32086			
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: <u><i>Babette A. Weaver</i></u> 2 APR 07 DATE							
Amended AR is \$81.25				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	OPT <input type="checkbox"/> Delete KAMM, BABETTE A 3025 BISHOP ESTATES ROAD JACKSONVILLE, FL 32259			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WEAVER, Babette A. 3025 Bishop Estates Road SAINT Johns, FL 32259		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS <input type="checkbox"/> Delete WEAVER, JR., CURTIS A 145 LEWIS POINT ROAD ST AUGUSTINE, FL 32086			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WEAVER, JR., CURTIS A 3025 Bishop Estates Road SAINT Johns, FL 32259		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$74.16</i> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400096374024 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/10/07--01048--021 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u><i>Babette A. Weaver</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2 APR 07 <small>Date</small>		904.797.5909 <small>Daytime Phone #</small>	