2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# H40905

Entity Name: MERTHIE'S DAYCARE CENTER, INC.

Current Principal Place of Business:

1611 MERTHIE DR
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

1611 MERTHIE DR
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-2555538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARTIN, MARILYN M
1808 S. LOCUST AVE
SANFORD, FL 32771 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: MARTIN, MARILYN
Address: 1808 S. LOCUST AVENUE
City-St-Zip: SANFORD, FL 32771

Title: VP ( ) Delete
Name: MERTHIE, RONALD W
Address: 1303 PERSIMMON AVE
City-St-Zip: SANFORD, FL

Title: T ( ) Delete
Name: MARTIN, CLIFFORD J.
Address: 1808 S LOCUST AVE
City-St-Zip: SANFORD, FL

Title: S ( ) Delete
Name: MERTHIE, LYNDON B
Address: 148 UPSALA RD
City-St-Zip: SANFORD, FL 32771

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: S (X) Change ( ) Addition
Name: MERTHIE, LYNDON B
Address: 400 MARATHON LANE
City-St-Zip: SANFORD, FL 32771

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: MARILYN MARTIN P. 04/11/2006

Electronic Signature of Signing Officer or Director Date