# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2007**
**Secretary of State**

DOCUMENT# J86057

**Entity Name:** LIL' RASCALS DAY CARE, INC.

**Current Principal Place of Business:**

FRED HELLER
528 E. UNIVERSITY AVENUE
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

FRED HELLER
528 E. UNIVERSITY AVENUE
ORANGE CITY, FL 32763

**New Mailing Address:**

**FEI Number: 25-1922794** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELLMAKER, KATHYRN R
528 E. UNIVERSITY AVENUE
ORANGE CITY, FL 32763 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: PT ( ) Delete
Name: WELLMAKER, KATHRYN R
Address: 528 E. UNIVERSITY AVE.
City-St-Zip: ORANGE CITY, FL 32763

Title: V ( ) Delete
Name: HELLER, FRED
Address: 528 E UNIVERSITY AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: S ( ) Delete
Name: SUGGS, JACKIE
Address: 528 E UNIVERSITY AVE
City-St-Zip: ORANGE CITY, FL 32763

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition
Name: WELLMAKER, KATHRYN R
Address: 2441 INDIA
City-St-Zip: DELTONA, FL 327 38

Title: V (X) Change ( ) Addition
Name: HELLER, FRED
Address: 2441 INDIA
City-St-Zip: DELTONA, FL 32738

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: KATHY WELLMAKER PT 04/30/2007
Electronic Signature of Signing Officer or Director Date