## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K40413

2208 WINDWOOD PL.

VALRICO, FL

Address:

City-St-Zip:

YOUNGER YEARS LEARNING CENTER INC

FILED Apr 12, 2007 Secretary of State

Entity Nar	ne: YOUNG	ER YEARS LEARNING CENTE	ER INC.				
Current Principal Place of Business:			New Princi	New Principal Place of Business:			
	NA AVENUE , FL 33584	US	1905 LENN SEFFNER,	A AVENUE FL 33584 US	3		
Current M	ailing Addre	ss:	New Mailin	New Mailing Address:			
P.O. BOX ( SEFFNER	6543E. , FL 3358465	43	P.O. BOX 6 SEFFNER,				
FEI Number:	59-2918705	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Ce	ertificate of Status Des	sired ( )	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
CROSSLE 2276 JAUE DOVER, F		HE. US	2276 JAUD	CROSSLEY, DEBORAH E 2276 JAUDON RD. DOVER, FL 33527 US			
The above in the State	named entity of Florida.	submits this statement for the	purpose of changing it	s registered offic	e or registered age	nt, or both,	
SIGNATUR	RE: DEBORA	AH E CROSSLEY		04/12/2007			
	Electro	nic Signature of Registered Ag	ent		Date		
Election Car	npaign Financir	ng Trust Fund Contribution ( ).					
OFFICERS	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( CROSSLEY, E 2276 JAUDON DOVER, FL 3	IRD	Title: Name: Address: City-St-Zip:	() Ch	ange ( ) Addition		
Title: Name: Address: City-St-Zip:	V ( CROSSLEY, E 2276 JAUDON DOVER, FL 3	IRD	Title: Name: Address: City-St-Zip:	( ) Ch:	ange ( ) Addition		
Title: Name:	ST ( WORTHY, DO	) Delete RIS Y.,	Title: Name:	ST (X) Ch WORTHY, DORIS	nange()Addition Y.,		

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.

Address:

City-St-Zip:

2208 WINDWOOD PL.

VALRICO, FL 33594

SIGNATURE: DEBORAH E CROSSLEY P 04/12/2007