2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # K46296** 04-30-2007 90853 008 ***158.75 WEE CARE DAY CARE AND PRE-SCHOOL, INC. Principal Place of Business Mailing Address 4717 STATE ROAD 218 **4717 STATE ROAD 218** P.O. BOX 1567 P.O. BOX 1567 MIDDLEBURG, FL 32050 MIDDLEBURG, FL 32050 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272007 Cha-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-2916941 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALDRON, ROSE H. Street Address (P.O. Box Number is Not Acceptable) 4717 STATE ROAD 218 MIDDLEBURG, FL 32068 City Zip Code 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 2 cm 4/27/06 wildhow Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ☐ Defete TITLE ☐ Change 4 Addition LOURNIA D'Steen WALDRON, ROSE H. NAME NAME 6139 Jack Wilkinson STREET ADDRESS 4717 STATE ROAD 218 STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL CHY-S1-71P SVP TITLE ☐ Delete 1011.6 ☐ Change Addition WALDRON, PATRICK G NAME NAME STREET ADDRESS **4717 STATE RD 218 WEST** STREET ADDRESS CITY ST-ZIP MIDDLEBURG, FL CITY-ST ZIP TITLE ☐ Delete DILLE ☐ Chance ☐ Addition WALDRON, SEAN B NAME STREET ADDRESS **4717 STATE ROAD 218** STREET ADDRESS MIDDLEBURG, FL 32050 CITY-ST-ZIP CITY ST ZIP TITLE ☐ Delete TOLE Director Change □ Addition Davis, Christick 4717 COUNTY Road 218 W DAVIS, CHRISTINE NAME STREET ADDRESS 4717 STATE ROAD 218 STREET ADDRESS CITY-SI-ZIP MIDDLEBURG, FL 32050 CITY - ST - ZIP middleburg fl 32068 TULE Delete RILE Director Thance Addition tox Tina 1220 Oce Street FOX, TINA NAME STREET ADDRESS 1220 BEE ST NORTH STREET ADDRESS City-ST-ZIP prange 14, £132065 ORANGE PARK, FL 32065 CITY ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MUSGROVE, CHRISTLE NAME NAME 6130 JACK WILKINSON STREET ADDRESS STREET ADDRESS MIDDLEBURG, FL 32234 CITY-ST-ZIP 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 eath; 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

'S COR

SIGNATURE:

FILED