


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L38334
1. Entity Name
TODDLERS' LEARNING CENTER, INC.



Principal Place of Business Mailing Address
2200 SE MONTEREY RD. 2200 SE MONTEREY RD.
STUART, FL 34996 US STUART, FL 34996 US

DO NOT WRITE IN THIS SPACE



09072007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0247045 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIASECKI, SHERRY L
6332 SW BANKS ST.
PALM CITY, FL 34990

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PIASECKI, SHERRY
STREET ADDRESS	6332 S.W. BANKS ST
CITY - ST - ZIP	PALM CITY, FL 34990
TITLE	VTD
NAME	PIASECKI, GUY
STREET ADDRESS	6332 S.W. BANKS ST
CITY - ST - ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000773900
09/13/07-80004-005 550.00

**DO NOT WRITE
IN THIS SPACE**

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: _____ Date: 9/7/07 Daytime Phone #: 772-215-9025