2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L68899

FILED Jul 17, 2008 Secretary of State

Entity Name: HANSEL AND GRETEL DAY CARE CENTER, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
521 N. LIM SARASOT	1E AVE. ⁻ A, FL 34237	US		
Current M	lailing Addres	ss:	New Mailing Address	s:
521 N. LIM SARASOT	1E AVE. A, FL 34237	US		
FEI Number	: 65-0189596	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
SARASOT The above	TH LIME ST. TA, FL 34237 named entity:	US submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
521 NORT SARASOT The above in the State	TH LIME ST. A, FL 34237 named entity set of Florida.		ourpose of changing its registered	d office or registered agent, or both,
521 NORT SARASOT The above	TH LIME ST. TA, FL 34237 In named entity set of Florida. RE:			d office or registered agent, or both, Date
521 NORT SARASOT The above in the State SIGNATU	TH LIME ST. A, FL 34237 e named entity se of Florida. RE: Electror ace with s. 607.19	submits this statement for the p	ent	
521 NORT SARASOT The above in the State SIGNATUI In accordan Election Cal	TH LIME ST. A, FL 34237 e named entity se of Florida. RE: Electror ace with s. 607.19	submits this statement for the parties of Registered Age (3(2)(b), F.S., the corporation did not go Trust Fund Contribution ().	ent of receive the prior notice.	
521 NORT SARASOT The above in the State SIGNATUI In accordan Election Cal	TH LIME ST. A, FL 34237 e named entity set of Florida. RE: Electror Ince with s. 607.19 Impaign Financing S AND DIREC	submits this statement for the partic Signature of Registered Age 3(2)(b), F.S., the corporation did not g Trust Fund Contribution (). TORS: Delete Y,	ent of receive the prior notice.	Date

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: MARY GILLIAM PRES 07/17/2008