

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L86116

FILED
Apr 12, 2005
Secretary of State

Entity Name: S & S FIRST STEP DAY CARE CENTER, INC.

Current Principal Place of Business:

1309 NW AVE L
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

1309 NW AVE L
BELLE GLADE, FL 33430 US

New Mailing Address:

FEI Number: 65-0207288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEZCANO, BRANDI
1309 NW AVE L
BELLE GLADE, FL 33430 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: DP () Delete
Name: LEZCANO, BRANDI
Address: 119 KAPOK CRESCENT
City-St-Zip: ROYAL PALM BEACH, FL

Title: DV () Delete
Name: SMITH, DAWN L.,
Address: 942 STILLWELL RD
City-St-Zip: BELLE GLADE, FL

Title: T () Delete
Name: SMITH, JERRY
Address: 942 STILLWELL RD.
City-St-Zip: BELLE GLADE, FL

Title: S () Delete
Name: LEZCANO, FERNANDO
Address: 119 KAPOK CRESCENT
City-St-Zip: ROYAL PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRANDI LEZCANO

PRES

04/12/2005

Electronic Signature of Signing Officer or Director

_____ Date