2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007263

Entity Name: HEAVENLY DAYS CHILD CARE, INC.

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3158 SHAMROCK SOUTH TALLAHASSEE, FL 32309 **Current Mailing Address: New Mailing Address:** 3158 SHAMROCK SOUTH TALLAHASSEE, FL 32309 FEI Number: 59-3676006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETFORD, MARCIA L 2785 EDENDERRY DR TALLAHASSEE, FL 32309 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PETFORD, MARCIA L TREAS. Name: Name: 2785 EDENDERRY DR. Address: Address: City-St-Zip: TALLHASSEE, FL 32309 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KIDD, HEATHER CHAIR Name: Address: 6616 REIGH COUNT TRAIL Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: Title: () Delete Title: () Change () Addition DIXON, JEANNIE SECRETY Name: Name: 2975 COMPTON WAY Address: Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition KOLMETZ, KARI VICE CH KEATING, COCHRAN VICE CH Name: Name: 8054 PRESERVATION ROAD 3013 TIPPERARY DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32309 Title: () Delete Title: (X) Change () Addition MORRIS, JANE DIRECTR NESMITH, JOHN DIRECTR Name: Name: 2424 OAKDALE STREET 4914 BALLYGAR DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32309 Title: () Delete Title: (X) Change () Addition HINTERLONG, PAM DIRECTR DICKSON, HARRIET DIRECTR Name: Name: Address: 4027 MCLAUGHLIN DRIVE Address: 3228 CRANLEIGH DRIVE

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MARCIA L. PETFORD T 04/20/2006

TALLAHASSEE, FL 32309

City-St-Zip:

TALLAHASSEE, FL 32309