

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 13, 2005
Secretary of State

DOCUMENT# N01000003067

Entity Name: LIL-ONES WORLD DAY CARE CENTER, INC.**Current Principal Place of Business:**1735 SE HAWTHORNE RD
GAINESVILLE, FL 32641**New Principal Place of Business:****Current Mailing Address:**1735 SE HAWTHORNE RD
GAINESVILLE, FL 32641**New Mailing Address:****FEI Number:** 59-3673297**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**FRANKLIN, CLEVELAND S SR
2008 ORCHARD PARK DRIVE
OCOOE, FL 34761 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRANKLIN, CLEVELAND S SR
Address: 2008 ORCHARD PARK DRIVE
City-St-Zip: OCOOE, FL 34761

Title: V () Delete
Name: FRANKLIN, BETTY R
Address: PO BOX 744
City-St-Zip: HAWTHORNE, FL 32640

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: FRANKLIN, BETTY R
Address: PO BOX 744
City-St-Zip: HAWTHORNE, FL 32640

Title: CEO () Change (X) Addition
Name: FRANKLIN, MAYONIA D
Address: 1735 SE HAWTHORNE RD
City-St-Zip: GAINESVILLE, FL 32641

Title: T () Change (X) Addition
Name: FRANKLIN, MAYONIA D
Address: 1735 HAWTHORNE RD
City-St-Zip: HAWTHORNE, FL 32641

Title: S () Change (X) Addition
Name: MCCOLLOUGH, PAT M
Address: P.O. BOX 237
City-St-Zip: HAWTHORNE, FL 32641

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

SIGNATURE: MAYONIA FRANKLIN

CEO

12/13/2005

Electronic Signature of Signing Officer or Director

Date