

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01036

FILED  
Apr 17, 2008  
Secretary of State

**Entity Name:** LITTLE LAMBS LEARNING CENTER, INC.

**Current Principal Place of Business:**

197 S. COTTAGE HILL ROAD  
ORLANDO, FL 328052331

**New Principal Place of Business:**

**Current Mailing Address:**

1039 W. FAIRBANKS AVENUE  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 59-2439231      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WHITEHURST, JULIA E  
4739 SPANIEL STREET  
ORLANDO, FL 32818 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: PD ( ) Delete  
Name: WHITEHURST, JULIA E  
Address: 4739 SPANIEL STREET  
City-St-Zip: ORLANDO, FL 32818

Title: VD ( ) Delete  
Name: STEWARD, CRYSTAL R  
Address: 880 N. DENNING DR.  
City-St-Zip: WINTER PARK, FL 32879

Title: SD ( ) Delete  
Name: BARNES, ELLA M  
Address: 227 SEELY AVE  
City-St-Zip: ORLANDO, FL 32808

Title: TD ( ) Delete  
Name: SLAUGHTER, ALPHONSO  
Address: 255 MURRY DR.  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: WADE, ANDREW T  
Address: 4739 SPANIEL ST.  
City-St-Zip: ORLANDO, FL 32818

Title: EVP ( ) Delete  
Name: TAYLOR, DEBREITA D  
Address: 231 KENT STREET  
City-St-Zip: ORLANDO, FL 32805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: BARNES, ELLA M  
Address: 756 WELCH HILL CIRCLE  
City-St-Zip: APOPKA, FL 32712

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 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.

SIGNATURE: JULIA E. WHITEHURST

PD

04/17/2008

Electronic Signature of Signing Officer or Director

Date