

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002163

FILED
Apr 29, 2007
Secretary of State

Entity Name: LITTLE EAGLES CHRISTIAN PRE-SCHOOL, INC.

Current Principal Place of Business:

2801 EAST 17TH AVE.
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

2801 EAST 17TH AVE.
TAMPA, FL 33605

New Mailing Address:

FEI Number: 33-1109587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIBBLE, TARYA ESQ.
10611 RIVERVIEW DRIVE
RIVERVIEW, FL 33569 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: LEWIS, SHERRY
Address: 3109 CHIPCO STREET
City-St-Zip: TAMPA, FL 33605

Title: VP () Delete
Name: LEWIS, MICHAEL W JR.
Address: 3109 CHIPCO STREET
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: PORTER, PAULINE
Address: 3109 CHIPCO STREET
City-St-Zip: TAMPA, FL 33605

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:

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: SHERRY P. LEWIS

P

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date