


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90799 001 ****61.25
 05-02-2005 90799 002 *****8.75

DOCUMENT # N02000005536

1. Entity Name
MORNING GLORY MARISE CHILD CARE, INC.



Principal Place of Business 26935 SW 144 AVE NARANJA, FL 33032	Mailing Address 26935 SW 144 AVE NARANJA, FL 33032
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04302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1117119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARMAN, GUY
 3801 S OCEAN DR 4Z
 HOLLYWOOD, FL 33019

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORVIL, MARISE 26935 SW 144 AVE NARANJA, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAM, DANIEL 26935 SW 144 AVE NARANJA, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEROLE, VELIMA 562 NW 15TH STREET FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #