## **2006 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # N02000005536



FILED Jul 19, 2006 8:00 am Secretary of State

Principal Place of Business	12 Entity Name MORNING GLORY MARISE CHILD CARE, INC.								7-19-2006 90 7-19-2006 90			
Suite, Apt. 4, etc.   Applied For 65-1117/19   Applied For 65-1117/19   Applied For 65-1117/19   Suite, Apt. 4, etc.   Applied For 65-1117/19   Applied For 61-1117/19   Applied For 61-11	26935 SW 144 AVE 26935 SW 1				14 AVE	1						
City & State	2. Principal P	lace of Busin	ness	3. Mailing Addr	ess							
County   Zp	Suite, Apt. #, etc.			Suite, Apt#, etc.				06132006 CI	ng-NP	CR2E03	7 (4/06)	
S. Certificate of Status Desired   See Propuleted Sept   Street Address of New Registered Sept   Street Address (P.O. Box Number is Not Acceptable)	City & State			City & State				4. FEI Number 65-111711	9		$\vdash$	
Name	Zip	Zip Country Z		Zip	p Cou			5. Certificate of St	atus Desired			
STREET ADDRESS COTY-ST-2P ROAD ADDRESS COTY-ST-2P FLORIDA COTTY-ST-2P FLORIDA COTTY-ST	6. Name and Address of Current Registered Agent							7. Name and Add	ress of New Re	gistered A	gent	
SIGNATURE    Signature, toped or percent learner and receives speed an	GARMAN	GHY				Name						
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of Postate Plancks of Postate Planck	3801 S OCEAN DR 4Z					Street Add	dress (P	P.O. Box Number is I	Not Acceptable)			
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept significant or registered agent, or both, in the State of Forida. I am familiar with, and accept significant or registered agent, or both, in the State of Forida. I am familiar with, and accept significant or registered agent, or both, in the State of Forida. I am familiar with, and accept significant or registered agent, or both, in the State of Forida. I am familiar with, and accept significant or significant or registered agent, or both, in the State of Forida. I am familiar with, and accept significant or signifi						City					Zip Code	e
SIGNATURE    Filting Fee is \$61.25	8. The above	named entity	y submits this statement fo	or the purpose of ch	anging its regis		egistere	ed agent, or both, in	the State of Flor		'	
Schalure, friends de printed ragener agent and sale il applications   Charles   Charge   Ch	the obligat	ions of regist	tered agent,									
Trust Fund Contribution	SIGNATURE		or printed name of registered agent	and title if applicable.	(NOTE: Regis	islered Agent signature	required t	when reinstating)	<del></del>	DATE		
TILE   D   Change   Addition	<del>-</del>											
NAME STREET ADDRESS CITY-ST-ZIP NAMA STREET ADDRESS CITY-ST-ZIP NAMA ADAM, DANIEL 26935 SW 144 AVE NAME STREET ADDRESS CITY-ST-ZIP NAME ADAM, DANIEL 26935 SW 144 AVE NAME STREET ADDRESS CITY-ST-ZIP NAME ADAM, DANIEL 26935 SW 144 AVE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE OBJECT CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDR	D	_										
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CITY-ST-ZIP NARANJA, FL 33032  TITLE NAME ADAM, DANIEL 26935 SW 144 AVE NARANJA, FL 33032  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRES	10.	D D	OFFICERS AND DI	Tr RECTORS	ust Fund Contri	ibution.		Added to Fees	Florie	da Departr S AND DIRE	nent of SI	ate
TITLE NAME ADAM, DANIEL ADAM, DANIEL SIREET ADDRESS CITY-ST-ZIP NARANJA, FL 33032 CITY-ST-ZIP NARANJA, FL 33032 CITY-ST-ZIP CITY-ST-ZIP FLORIDA CITY, FL 33034 TITLE NAME SIREET ADDRESS CITY-ST-ZIP FLORIDA CITY, FL 33034 TITLE NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete SIREET ADDRESS CITY-ST-ZIP DELETE NAME SIREET ADDRESS CITY-ST-ZIP DE	10. TITLE NAME	D FLORVIL,	OFFICERS AND DI	Tr RECTORS	ust Fund Contri	11. TITLE NAME		Added to Fees	Florie	da Departr S AND DIRE	nent of SI	ate
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TITLE NAME GEROLE, VELIMA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D FLORVIL, 26935 SW NARANJA	OFFICERS AND DI OFFICERS AND DI , MARISE V 144 AVE A, FL 33032	RECTORS	ust Fund Contri	IDUTION.  11.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE		Added to Fees	Florie	da Departr S AND DIRI	nent of SI	10 Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #