
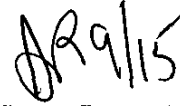


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000006895 1. Entity Name LITTLE SHEPHERDS CHILD DEVELOPMENT CENTER, INC.						FILED 05 SEP 14 PM 1:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 15300 N. TAMiami TRAIL NAPLES, FL 34110				Mailing Address 15300 N. TAMiami TRAIL NAPLES, FL 34110			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 32-0026534				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CECIL, W. JEFFREY 5801 PELICAN BAY BLVD. NAPLES, FL 34108				7. Name and Address of New Registered Agent Name RICHARD F. WALLIN Street Address (P.O. Box Number is Not Acceptable) 262 BAREFOOT BEACH BL # 306 City BONITA SPRINGS FL Zip Code 34134			
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 <u><i>Richard F. Wallin</i></u> 300059780823 09/20/05--01029/05**70.00 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS							
TITLE	D	<input checked="" type="checkbox"/> Delete					
NAME	CECIL, W JEFFREY						
STREET ADDRESS	5801 PELICAN BAY BLVD						
CITY-ST-ZIP	NAPLES, FL 34108						
TITLE	D	<input checked="" type="checkbox"/> Delete					
NAME	DENCE, MICHELE						
STREET ADDRESS	5321 LEEDS ROAD						
CITY-ST-ZIP	FORT MYERS, FL 33907						
TITLE	D	<input checked="" type="checkbox"/> Delete					
NAME	BUCHHEIT, MERIWETHER						
STREET ADDRESS	4203 COVEY CIR						
CITY-ST-ZIP	NAPLES, FL 34109						
TITLE	C	<input type="checkbox"/> Delete					
NAME	RICHARD F. WALLIN						
STREET ADDRESS	262 BAREFOOT BEACH BL # 306						
CITY-ST-ZIP	BONITA SPRINGS, FL. 34134						
TITLE	D	<input type="checkbox"/> Delete					
NAME	PATRICK CONRAN						
STREET ADDRESS	148 SEABREEZE AVE.						
CITY-ST-ZIP	NAPLES, FL. 34108						
TITLE	D	<input type="checkbox"/> Delete					
NAME	JACQUIE LENARD						
STREET ADDRESS	25720 HICKORY BL # 412 B						
CITY-ST-ZIP	BONITA SPRINGS, FL. 34134						
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	GLADYS TETTMAN						
STREET ADDRESS	27800 MEADOWLARK LANE						
CITY-ST-ZIP	BONITA SPRINGS, FL. 34134						
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	RANDY RIDDLE						
STREET ADDRESS	26347 WILLIAMS BURG DR						
CITY-ST-ZIP	BONITA SPRINGS, FL. 34135						
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	WILLIAM VANNOSTRAN						
STREET ADDRESS	1919 COUNTESS CT,						
CITY-ST-ZIP	NAPLES, FL. 34110						
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	REX SIMS						
STREET ADDRESS	9797 ALHAMBRA ST						
CITY-ST-ZIP	BONITA SPRINGS, FL. 34135						
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	HOMER SHROYER						
STREET ADDRESS	27866 CARL CIRCLE						
CITY-ST-ZIP	BONITA SPRINGS, FL. 34135						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
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: <u><i>Richard F. Wallin</i></u> 9/3/05 239 947-0654 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							