2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008
Secretary of State

DOCUMENT# N03000001778

Entity Name: COLOMBIA CHILDCARE INTERNATIONAL, INCORPORATED

Current Principal Place of Business:

4340 CLOVERCREST DR
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

PO BOX 1757
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 16-1630704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAEGER, CYNTHIA
4340 CLOVERCREST DR
NEW SMYRNA BEACH, FL 32168 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:	TAYLOR, DAVID REV	
Address:	PO BOX 1757	
City-St-Zip:	NEW SMYRNA BEACH, FL 32170	
Title:	STD	( ) Delete
Name:	JAEGER, CYNTHIA MRS	
Address:	PO BOX 1757	
City-St-Zip:	NEW SMYRNA BEACH, FL 32170	
Title:	D	( ) Delete
Name:	COOPER, CHUCK MR	
Address:	345 E. LAKE AVE.	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	VPD	( ) Delete
Name:	SCONNELY, CARL MR	
Address:	620 DOUGLAS AVE., STE 1312	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	D	( ) Delete
Name:	WILLIS, DAVID DR	
Address:	1403 HIGH GROVE WAY	
City-St-Zip:	ORLANDO, FL 32818	
Title:	D	( ) Delete
Name:	JOHN, JAEGER MR	
Address:	P.O. BOX 11152	
City-St-Zip:	DAYTONA BEACH, FL 32120	

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:	
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: CYNTHIA JAEGER STD 02/18/2008

Electronic Signature of Signing Officer or Director — Date