2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005047

Name:

Address:

City-St-Zip:

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FILED Apr 15, 2006 Secretary of State

Entity Name: LIGHTHOUSE CHILD CARE, INC. **Current Principal Place of Business: New Principal Place of Business:** 3846 HARTLEY ROAD JACKSONVILLE, FL 32257 **Current Mailing Address: New Mailing Address:** 3846 HARTLEY ROAD JACKSONVILLE, FL 32257 FEI Number: 11-3674786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VICENTE, FRALITA C 2706 LIBÉRTY LANE JACKSONVILLE BEACH, FL 32250 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition VICENTE, FRALITA C Name: Name: 2706 LIBERTY LANE Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BAUSTISTA, CONNIE Name: Address: 2650 DEBBIE COURT Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: () Delete Title: () Change () Addition GONZALEZ, LINDA Name: Name: 10335 TRIPLE CROWN AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: ARGUILLA, FREDDIE Name: MARTIN, MILA 1101 ROUNDTREE CIRCLE 12520 WILLOUGHBY LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: JACKSONVILLE, FL 32225 Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SANGO, NET

14598 STARBUCK SPRINGS WAY

JACKSONVILLE, FL 32258

SIGNATURE: CONNIE BAUTISTA D 04/15/2006