


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90024 045 \*\*\*\*61.25

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<b>DOCUMENT # N24158</b>			
1. Entity Name ORLANDO DAY NURSERY FOUNDATION, INC.			
Principal Place of Business ORLANDO DAY NURSERY 512 W. CENTRAL AVE ORLANDO, FL 32801 US		Mailing Address ORLANDO DAY NURSERY 512 W. CENTRAL AVE ORLANDO, FL 32801 US	
2. Principal Place of Business 626 Lake Dot Circle Suite, Apt. #, etc.		3. Mailing Address 626 Lake Dot Circle Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CHAYNE, BILLIE H. <del>512 W. CENTRAL AVE</del> 626 Lake Dot Circle ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHER, MARY JO 2221 SANTA ANTIILLES ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Asher, Mary Jo 2221 Santa Antilles Orlando FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUBANKS, PATRICIA 2180 TUSCARORA TR MAITLAND, FL <input type="checkbox"/> Delete	TITLE ID NAME STREET ADDRESS CITY-ST-ZIP	Eubanks, Patricia 2180 Tuscarora TR Maitland, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECORA, ANNE 614 E. RICHMOND AVENUE ORLANDO, FL <input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Wing, Jane 1224 Royal Oak Dr. Winter Springs, FL 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WING, JANE W. 1224 ROYAL OAK DRIVE WINTER SPRINGS, FL <input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Harter, Shirley 9445 Lake Hickory Nut Drive Winter Garden, FL 32787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARTER, SHIRLEY 9445 LAKE HICKORY NUT DRIVE WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	Chayne, Billie 12564 Bohannon Blvd. Orlando, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KABOOL, ANGELA 22 OCEAN CREST DRIVE ORMOND BEACH, FL 32176 <input checked="" type="checkbox"/> Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Kilbey Jane 750 Forest Dt. Winter Springs, FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
<b>SIGNATURE:</b> <i>Patricia L. Eubanks</i>		Date: 1/16/06 (407) 647-5426	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> PATRICIA L. EUBANKS			