2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# N27207

Entity Name: ORLANDO DAY NURSERY ASSOCIATION, INC.

Current Principal Place of Business:

626 LAKE DOT CIRCLE
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

626 LAKE DOT CIRCLE
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-0651096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NOTICE, LORRAINE
626 LAKE DOT CIRCLE
ORLANDO, FL 32801 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: P ( ) Delete
Name: NOTICE, LORRAINE
Address: 1163 FOX FOREST CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: VP ( ) Delete
Name: BURNS, ROBERT
Address: 392 ROBYNS GLEN ROAD
City-St-Zip: OCOEE, FL 34761

Title: T ( ) Delete
Name: AHL, RICHARD A JR
Address: 920 MOSS LANE
City-St-Zip: WINTER PARK, FL 32789

Title: S ( ) Delete
Name: BURNS, ROBERT II
Address: 392 ROBYNS GLEN ROAD
City-St-Zip: OCOEE, FL 34761

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: TE ( ) Change (X) Addition
Name: CRAIN, SHANE
Address: 14232 MAILER BLVD
City-St-Zip: ORLANDO, FL 32828

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: PATRICIA ZINDLER ED 04/11/2008

Electronic Signature of Signing Officer or Director — Date