
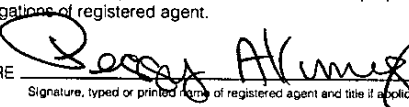
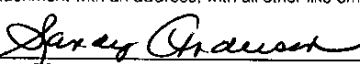


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90246 045 \*\*\*\*70.00

<b>DOCUMENT # N33577</b> 1. Entity Name <b>SONSHINE DAY PRESCHOOL, INC.</b>					
Principal Place of Business <b>10000 NEWBERRY RD. GAINESVILLE, FL 32606</b>			Mailing Address <b>10000 NEWBERRY RD. GAINESVILLE, FL 32606</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>COWART, PAULINE 10000 NEWBERRY RD. GAINESVILLE, FL 32606</b>				7. Name and Address of New Registered Agent Name <b>Peggy Kimerling</b> Street Address (P.O. Box Number is Not Acceptable) <b>10000 Newberry Road</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32606</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>3/22/06</b> <small>(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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>QUESENBERRY, JOYCE</b> <b>6828 NW 39TH AVE</b> <b>GAINESVILLE, FL 32606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Queseberry, Joyce</b> <b>6828 NW 39th Avenue</b> <b>Gainesville, FL 32606</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TERRY, DIANE</b> <b>205 SW 40TH TERR</b> <b>GAINESVILLE, FL 326072788</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Jill Robertson</b> <b>9702 SW 35th Lane</b> <b>Gainesville, FL 32608</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CREWS, TERRY</b> <b>4630 NW 27TH TERR.</b> <b>GAINESVILLE, FL 32605</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Jane Smith</b> <b>3847 SW 6th Place</b> <b>Gainesville, FL 32607</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDERSON, SANDY</b> <b>1904 SW 86TH TERRACE</b> <b>GAINESVILLE, FL 32607221</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Anderson, Sandy</b> <b>1904 SW 86th Terrace</b> <b>Gainesville, FL 32607-221</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DENNIS, JEFF</b> <b>4414 SW 102ND DRIVE</b> <b>GAINESVILLE, FL 32608</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Bryan Conrad</b> <b>5401 SW 86th Drive</b> <b>Gainesville, FL 32608</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FUTCH, HOLLY</b> <b>1621 NW 94TH STREET</b> <b>GAINESVILLE, FL 32606</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jesse Pugh</b> <b>8915 SW 92nd Lane</b> <b>Gainesville, FL 32608</b> <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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>3/22/06</b> DAYTIME PHONE # <b>352-333-0017</b>		