2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007
Secretary of State

DOCUMENT# N97000001052

Entity Name: PETER PAN DAY CARE CENTER, INC.

Current Principal Place of Business:

1602 BRUTON BLVD.
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1602 BRUTON BLVD.
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3428702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, LILLIE P
700 ALPINE ST
ALTAMONTE SPRINGS, FL 32701 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: WILLIAMS, LILLIE PEARL
Address: 700 EAST ALPINE STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VD ( ) Delete
Name: VENSON, MAXINE
Address: 1602 BRUTON BLVD.
City-St-Zip: ORLANDO, FL 32805

Title: SD ( ) Delete
Name: LAMAR-CONWAY, LILLIE J
Address: 1933 WILLIAMS MANOR AVE.
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete
Name: LUCIOUS, CONWAY
Address: 1933 WILLIAMS MANOR AVE.
City-St-Zip: ORLANDO, FL 32811

Title: T ( ) Delete
Name: MORRIS, LINDA
Address: 4425 TERESA BLVD
City-St-Zip: ORLANDO, FL 32811

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:

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.

SIGNATURE: LILLIE P. WILLIAMS PD 02/13/2007
Electronic Signature of Signing Officer or Director — Date