2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 29, 2007 8:00 am Secretary of State

01-29-2007 90087 004 ****61.25

DOCUMENT # N9700006356 1. Entity Name KATHY'S ALL THINGS DAY CARE AND LEARNING CENTER, INC.							01-29-200	7 90087 00-	4 ****6	1.25
Principal Place of Business 1079 KUSHMER ST BELL, FL 32619		1079	Mailing Address 1079 KUSHMER ST BELL, FL 32619							
2. Principal P	Mace of Business - No P.O. Box #	3. Maiti	ng Address							
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			01222007	Chg-NP	CR2E037	(12/06)	
City & State		City	City & State			4. FEI Numbe 59-3485				plied For t Applicable
Zip	Country	Zip		Cour	ntry	5. Certificate	of Status Desired		3.75 Add e Required	itional
	6. Name and Address of Curre	ent Registere	d Agent		*	7. Name and	Address of New	Registered Age	ent	
SPEARS.	WILLIE JR.				Name					
SPEARS, WILLIE JR. 3650 N.W. 52ND PLACE BELL, FL 32619-9539				}	Street Address (P.O. Box Number is Not Acceptable)					
					City				7: 0	_
		<u> </u>			City			FL	Zip Code	
	named entity submits this statemer ions of registered agent.	nt for the purpo	ose of changing its	s registere	d office or regi	istered agent, or both	n, in the State of F	lorida. I am fan	niliar with,	and accept
CICNIATURE	•									
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if appl	icable (NO	TE. Registered	Agent signature rec	quired when reinstating)	·	DATE		
SIGNATURE .		gent and title if appl	9. Efection Ca Trust Fund	ımpaign Fii	nancing	\$5.00 May Be Added to Fees	•	DATE Wake check p rida Departm	-	
10.	Signature, typed or printed name of registered a		9. Election Ca	ımpaign Fii	nancing	\$5.00 May Be Added to Fees	•	Make check p rida Departm	ent of St	ate
10.	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND		9. Election Ca	ampaign Fir Contribution	nancing on.	\$5.00 May Be Added to Fees	Flo	Make check p rida Departm ERS AND DIREC	ent of St	ate
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07

352-463-2300

Daytime Phone #