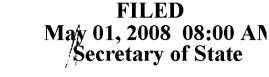
2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) **DOCUMENT # P00000099368** 1. Entity Name







GILBERT'S ANGELS NURSERY & DAY CARE CENTER PROPERTIES, INC.				
Principal Place of Business 3038 NW 48 TERR MIAMI FL 33142		Mailing Address 3038 NW 48 TERR MIAMI FL 33142		
2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address		5 300 1100 111 00 (11 0
Suite, Apt. #, etc.		Suite, Apt. #, etc		1st MOORE CR2E034 (10/07)
City & State		City & State		4. FEI Number 59-2275734 Applied For Not Applicable
Zıp	Country	Zip	Country	5. Certificate of Status Desired Status Desired \$8.75 Additional Fee Required
···	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
ATRIUM REGISTERED AGENTS, INC. 1500 SAM REMO AVE, STE 125 CORAL GABLES FL 33146			Name	
			Street Add	dress (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				
After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 Payable to Florida Department of	State:		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	D GILBERT, CECELIA C 3038 NW 48 TERR MIAMI FL 33142	☐ Derete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition U00000939541 05/28/08-80032-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ De•ete	TITLE NAME STRFFT ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
TIPLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
THEE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TTILE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 607. 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: