

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000001383

FILED
Jul 05, 2005
Secretary of State

Entity Name: LITTLE ONES DEVELOPMENT AND LEARNING CENTER, INC.

Current Principal Place of Business:

1520 SE PALM AVE
HIGH SPRINGS, FL 32643

New Principal Place of Business:

22652 NW 174TH AVENUE
HIGH SPRINGS, FL 32643

Current Mailing Address:

1520 SE PALM AVE
HIGH SPRINGS, FL 32643

New Mailing Address:

22652 NW 174TH AVENUE
HIGH SPRINGS, FL 32643

FEI Number: 59-3688260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, BRENDA J
1520 SE PALM AVE
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

THOMAS, BRENDA J
22652 NW 174TH AVENUE
HIGH SPRINGS, FL 32643 US

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: BRENDA J. THOMAS

07/05/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: THOMAS, BRENDA J
Address: 1520 SE PALM AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: ST () Delete
Name: STEPHENS, ERICA P
Address: 3719 SW 30TH TERRACE APT 44A
City-St-Zip: GAINESVILLE, FL 32608

Title: D (X) Delete
Name: GREEN, LINDA S
Address: 3904 SW 26TH DRIVE APT C
City-St-Zip: GAINESVILLE, FL 32608

Title: C () Delete
Name: WILLIAMS, DANNIE
Address: 4543 3RD AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 32608

Title: TA () Delete
Name: STEPHENS, WILLIE T
Address: 3719 SW 30TH TERRACE APT 44A
City-St-Zip: GAINESVILLE, FL 32608

Title: M () Delete
Name: POWELL, BOBBY
Address: 711-3 NW 23RD AVENUE
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change () Addition
Name: THOMAS, BRENDA J
Address: 22652 NW 174TH AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA J. THOMAS

CEOP

07/05/2005

Electronic Signature of Signing Officer or Director

Date