


**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000003455

1. Entity Name
SUNSHINE N GIGGLES CHILDCARE CENTER, INC.



Principal Place of Business Mailing Address

9918 PASSAIC DR 9918 PASSAIC DR
HUDSON, FL 34667 HUDSON, FL 34667

DO NOT WRITE IN THIS SPACE



08102006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3531086 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VICTOR, CHERYL
9918 PASSAIC DR
HUDSON, FL 34667

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	VICTOR, CHERYL L
STREET ADDRESS	9918 PASSAIC DR
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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IN THIS SPACE**

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 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: Cheryl Victor Date: 8/24/06 Daytime Phone #: 727 868 8457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl Victor