


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000036620	
1. Entity Name A LITTLE HEAVEN'S CHILD CARE INC.	

Principal Place of Business 4104 APALACHEE PKWY. TALLAHASSEE, FL 32311	Mailing Address 4104 APALACHEE PKWY. TALLAHASSEE, FL 32311
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2. Principal Place of Business <i>4104 Apalachee Pkwy</i>	3. Mailing Address <i>9438 Wakulla Springs Rd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Tallahassee FL</i>	City & State <i>Tallahassee FL</i>
Zip <i>32311</i>	Zip <i>32305</i>
Country <i>USA</i>	Country <i>USA</i>

6. Name and Address of Current Registered Agent TOWNSEND, ALISON RUTH 9438 WAKULLA SPRING RD. TALLAHASSEE, FL 32310	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOWNSEND, ALISON RUTH 9438 WAKULLA SPRINGS RD. TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Alison Ruth Townsend</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>8-13-04</i> Daytime Phone # <i>656-8468</i>

FILED
04 AUG 13 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3598878	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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