



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90193 001 \*\*\*150.00  
05-04-2005 90193 002 \*\*\*\*\*8.75

<b>DOCUMENT # P01000040618</b> 1. Entity Name <b>ADONAI CHILDREN'S DAY CARE CENTER, INC.</b>					
Principal Place of Business <b>1931 NW 194 TERRACE CAROL CITY, FL 33056</b>				Mailing Address <b>1931 NW 194 TERRACE CAROL CITY, FL 33056</b>	
2. Principal Place of Business <b>1931 N.W. 194 ter.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1931 N.W. 194 ter.</b> Suite, Apt. #, etc.			
City & State <b>Mia Gardens, FL.</b> Zip <b>33056</b> Country <b>US</b>		City & State <b>Mia Gardens FL.</b> Zip <b>33056</b> Country <b>US</b>		4. FEI Number <b>65-1115427</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FORD, LORETTA 1931 NW 194 TERRACE CAROL CITY, FL 33056</b>				7. Name and Address of New Registered Agent Name <b>none</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <b>Loretta Jones Ford</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>April 29, 05</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FORD, LORETTA 1931 NW 194 TERRACE CAROL CITY, FL 33056		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	
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: <b>Loretta Jones Ford</b> DATE <b>April 29, 2005</b>					