2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000042264

1. Entity Name

PRECIOUS LIL' ANGELS LEARNING CENTER, INC.



Principal Place of Business

6119 WEST JACKSON ST. PENSACOLA, FL 32506 Mailing Address

P.O. BOX 16445 PENSACOLA, FL 32507 FILED Apr 25, 2008 08:00 AN Secretary of State



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02292008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3713271 Not Applied For Not Applied For Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRIMM, SHIELA D 6018 CHICAGO AVE. PENSACOLA, FL 32526

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

				ŧ	19 85 855 8 75 87 4 8 78	rana Date (Embera	<i>라</i> 면지 (14)
	e named entity submits this statement for the pitions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Flor	ida. Tam familiar wit	h, and accept
SIGNATURE.	Signalure, typed or printed name of registered agent and title if	applicable (NOTE: Registered	d Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS		100 100 200	Terra Pot d'estra	特别司马斯美国 铜	्द्रहा च क्रम्म
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRIMM, SHEILA 6018 CHICAGO AVE PENSACOLA, FL 32526						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				in .	THIS SP	ACE	
TITLE			I .		4	reproduce Epiga	i i

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1.c/e8
Date Daytime Phone *