2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-21-2005 90003 045 ***150.00
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TALLAHASSEE, FLORIDA

DOCUMENT # P01000058356

1. Entity Name
LITTLE STARS CHILD CARE CENTER, INC.

Principal Place of Business	Mailing Address
4501 GODDARD AVE ORLANDO, FL 32804	4501 GODDARD AVE ORLANDO, FL 32804

05162005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Little Stars child care	4501 Goddard Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL.	City & State: ORLANDO Florida.
Zip: 32804 Country: orange	Zip: 32804 Country: orange.

4. FEI Number: 59-3723681 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANIAPAM, JUSTINA
4501 GODDARD AVE
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PEASAH, MARTHA 4501 GODDARD AVE ORLANDO, FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ANIAPAM, JUSTINA 4501 GODDARD AVE ORLANDO, FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEASAH, FLORENCE 4501 GODDARD AVE ORLANDO, FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Justina Aniapam 6/3/05 (407)578-8668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #