
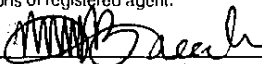


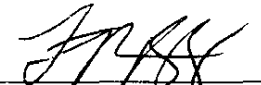



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90021 048 ***150.00

DOCUMENT # P01000058356		
1. Entity Name LITTLE STARS CHILD CARE CENTER, INC.		
Principal Place of Business 4501 GODDARD AVE ORLANDO, FL 32804		Mailing Address 4501 GODDARD AVE ORLANDO, FL 32804
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ANIAPAM, JUSTINA 4501 GODDARD AVE ORLANDO, FL 32804		DO NOT WRITE 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:  04/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> (DATE)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEASAH, MARTHA 4501 GODDARD AVE ORLANDO, FL 32804 	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANIAPAM, JUSTINA 4501 GODDARD AVE ORLANDO, FL 32804 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEASAH, FLORENCE 4501 GODDARD AVE ORLANDO, FL 32804 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  04/30/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		