2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 30, 2009
Secretary of State

DOCUMENT# P01000080490

Entity Name: TWINKLE TOES EARLY LEARNING CENTER, INC.

Current Principal Place of Business:

399 N. ORANGE AVE.
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

399 N. ORANGE AVE.
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 59-3738036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLMAKER, KATHY
399 N ORANGE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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.

SIGNATURE: KATHY WELLMAKER
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: WELLMAKER, KATHY
Address: 399 N. ORANGE AVE.
City-St-Zip: ORANGE CITY, FL 32763

Title: VP ( ) Delete
Name: HELLER, FRED
Address: 2441 INDIA
City-St-Zip: DELTONA, FL 32738

Title: TRES ( ) Delete
Name: SUGGS, JACKIE
Address: 528 E. UNIVERSITY
City-St-Zip: ORANGE CITY, FL 32763

Title: SEC ( ) Delete
Name: WELLMAKER, ANGELA
Address: 138 EAST FRENCH
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SUGGS, JACKIE
Address: 528 E UNIVERSITY AV.
City-St-Zip: ORANGE CITY, FL 32763

Title: VP (X) Change ( ) Addition
Name: WELLMAKER, KATHRYN
Address: 399 NORTH ORANGE
City-St-Zip: ORANGE CITY, FL 32725

Title: TRES (X) Change ( ) Addition
Name: WELLMAKER, ANGELA
Address: 138 EAST FRENCH
City-St-Zip: ORANGE CITY, FL 32763

Title: SEC (X) Change ( ) Addition
Name: VUTURO, JOE
Address: 138 EAST FRENCH
City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA WELLMAKER PRES 11/30/2009
Electronic Signature of Signing Officer or Director Date