

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092609

FILED  
Jun 14, 2007  
Secretary of State

Entity Name: TDC DAY CARE OF ORLANDO, INC.

## Current Principal Place of Business:

29 S. IVEY LANE, SUITE 1515  
ORLANDO, FL 32805

## New Principal Place of Business:

## Current Mailing Address:

29 S. IVEY LANE, SUITE 1515  
ORLANDO, FL 32805

## New Mailing Address:

FEI Number: 59-2441522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACOBS, DAVID  
29 S. IVEY LANE  
ORLANDO, FL 32805 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:

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: D ( ) Delete  
Name: JACOBS, DAVID  
Address: 29 S. IVEY LANE  
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete  
Name: JACOBS, MARY  
Address: 29 S. IVEY LANE  
City-St-Zip: ORLANDO, FL 32805

Title: S ( ) Delete  
Name: ST. HURBERT, VERDEEN  
Address: 29 S. IVEY LANE, SUITE 1515  
City-St-Zip: ORLANDO, FL 32805

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARY JACOBS

DIRE

06/14/2007

Electronic Signature of Signing Officer or Director

Date