

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000114694

1. Entity Name
NEW DAWN DAY CARE, INC.



Principal Place of Business
1836 MAIN ST
DUNEDIN, FL 34698

Mailing Address
1836 MAIN ST
DUNEDIN, FL 34698

DO NOT WRITE IN THIS SPACE

**FILED
Apr 22, 2005 8:00 am
Secretary of State**

04-22-2005 90275 037 ***150.00



03142005 No Chg-P CR2E034 (10/03)

| | |
|--|-----------------------------------|
| 4. FEI Number 59-3757702 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FRARY, DAWN M
3052 SAVANNAH OAKS CIR
TARPON SPRINGS, FL 34688

**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

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPSV
NAME FRARY, DAWN M
STREET ADDRESS 3052 SAVANNAH OAKS CIR
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE T
NAME FRARY, DAWN M
STREET ADDRESS 3052 SAVANNAH OAKS CIR
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Dawn E. Frary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/05

Date

Daytime Phone #

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IN THIS SPACE**

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