


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000027853 1. Entity Name INFANT DREAMS DAY CARE, INC.	
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FILED
06 JUL 31 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/2/06 01037 002 \$35.06



Principal Place of Business 3140 WEST 84TH STREET UNIT #10 AND 11 HIALEAH GARDENS, FL 33016		Mailing Address 3140 WEST 84TH STREET UNIT #10 AND 11 HIALEAH GARDENS, FL 33016	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07212006 Chg-P CR2E034 (11/05)

4. FEI Number 51-0450636		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 DE LA ROSA, MARTA 3140 WEST 84TH STREET UNIT #10 AND 11 HIALEAH GARDENS, FL 33016	7. Name and Address of New Registered Agent Name Marta Garcia Street Address (P.O. Box Number is Not Acceptable) 3140 West 84th St., Unit #10 & 11 City Hialeah Gardens FL Zip Code 33016
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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]*
Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE LA ROSA, MARTA	NAME	Marta Garcia
STREET ADDRESS	9044 NW 120TH STREET	STREET ADDRESS	3140 W. 84 St., Unit #10 & 11
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	CITY-ST-ZIP	Hialeah Gardens, FL 33016
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ECHEVARRIA, LIVAN	NAME	Marta Garcia
STREET ADDRESS	3530 SW 75TH AVE	STREET ADDRESS	3140 W. 84 St., Unit #10 & 11
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	Hialeah Gardens, FL 33016
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #