APR-29-2007 21:08 From:CASSONDRA ROBINSON 8506271978

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90032 043 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000040739

1. Entity Name
QUALITY LEARNING CHILDCARE, INC.

40095632

Principal Place of Business	Mailing Address
1123 SCHOOL AVENUE PANAMA CITY, FL 32401-5047	1123 SCHOOL AVENUE PANAMA CITY, FL 32401-5047

2. Principal Place of Business - No P.O. Box #
Suite, Apt #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip Country

04292007 Chg-P CR2E034 (12/06)

4. FEI Number 04-3679516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JAMES-ROBINSON, CASSONDRA L
309 REYNOLDS ROAD
QUINCY, FL 32351

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	BROWN MCGHEE, ERICA D	
STREET ADDRESS	1123 SCHOOL AVENUE	
CITY-ST-ZIP	PANAMA CITY, FL 324015047	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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: Erica D Brown-McGhee 4/29/07 850 819 6249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #