

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90041 009 ***158.75

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1. Entity Name
**NEW BEGINNING EARLY CHILDHOOD LEARNING
CENTER, INC.**



Principal Place of Business
**8621 N. MULBERRY STREET
TAMPA, FL 33604**

Mailing Address
**8621 N. MULBERRY STREET
TAMPA, FL 33604**



05162007 No Chg-P CR2E034 (11/05)

4. FEI Number
82-0574589

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ARNOLD, LATISHA L
8621 N. MULBERRY STREET
TAMPA, FL 33604**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ARNOLD, LATISHA L
8621 N. MULBERRY STREET
TAMPA, FL 33604**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MILLS, JOSIE
4911 80TH STREET SO.
TAMPA, FL 33619**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Latisha Arnold
Latisha Arnold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 600 7987