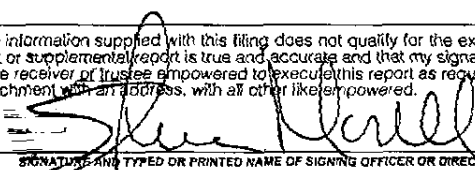


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000130520 1. Entity Name APPLETREE FAMILY CHILD CARE, INC.		
Principal Place of Business 5100 EAST 8TH AVE HIALEAH, FL 33013	Mailing Address 5100 EAST 8TH AVE HIALEAH, FL 33013	
DO NOT WRITE IN THIS SPACE		 04032006 No Chg-P CRZE034 (11/05)
		4. FEI Number 72-1542358 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MORELL, ELENA 8270 NW 166TH TERRACE MIAMI LAKES, FL 33016		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 state if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees U000000495580 04/21/06-80016-006 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MORELL, ELENA 8270 NW 166TH TERRACE MIAMI LAKES, FL 33016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CALZADILLA, MARIA 8366 WEST 14TH AVE HIALEAH, FL 33014	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MORELL, ABILIO M 8270 NW 166TH TERRACE MIAMI LAKES, FL 33016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/3/06 786-251-0362 Date Daytime Phone #