

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024155

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: BRIGHT HORIZONS OF WELLEBY, INC.

**Current Principal Place of Business:**

3621 N.W. 90TH TERRACE  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

6797 NW 110TH WAY  
PARKLAND, FL 33076

**New Mailing Address:**

FEI Number: 16-1656757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COELHO, VALDEMIRO  
6797 N.W. 110TH WAY  
PARKLAND, FL 33076 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COELHO, VALDEMIRO G  
Address: 6797 NW 110TH WAY  
City-St-Zip: PARKLAND, FL 33076 US

Title: D ( ) Delete  
Name: COELHO, ALLISON  
Address: 6797 N W 110 WAY  
City-St-Zip: PARKLAND, FL 33076 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALDEMIRO COELHO

P

04/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date