2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007
Secretary of State

DOCUMENT# P03000040404

Entity Name: LI'L ANGELS FAMILY DAYCARE, INC.

Current Principal Place of Business:

21010 MIDWAY BLVD.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

3488 DEPEW AVE.
PORT CHARLOTTE, FL 33952

Current Mailing Address:

21010 MIDWAY BLVD.
PORT CHARLOTTE, FL 33952

New Mailing Address:

3488 DEPEW AVE.
PORT CHARLOTTE, FL 33952

FEI Number: 81-0606809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORITZ, CARMEN L
21010 MIDWAY BLVD.
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

ORITZ, CARMEN L
23190 HEMENWAY AVE.
PORT CHARLOTTE, FL 33980 US

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: CARMEN LYDIA ORTIZ 01/31/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ORITZ, CARMEN L
Address: 21010 MIDWAY BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD ( ) Delete
Name: RODRIGUEZ, NATALIE A
Address: 21010 MIDWAY BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD ( ) Delete
Name: HEILAND, JENNIFER L
Address: 21010 MIDWAY BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TD ( ) Delete
Name: HEILAND, REBECCA A
Address: 21010 MIDWAY BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD ( ) Delete
Name: ORITZ, ERICA L
Address: 21010 MIDWAY BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: RODRIGUEZ, NATALIE A
Address: 890 HALEYBURY ST.
City-St-Zip: PORT CHARLOTTE, FL 33952

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

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 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: CARMEN LYDIA ORTIZ MISS 01/31/2007
Electronic Signature of Signing Officer or Director Date