## 2006 FOR PROFIT CORPORATION

## May 23, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000023069** 05-23-2006 90011 027 \*\*\*150 00 1. Entity Name DANA'S DAYCARE INC. Principal Place of Business Mailing Address 2238 13TH AVE SW 2238 13TH AVE SW LARGO, FL 33770 LARGO, FL 33770 04212006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0720667 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROMM, DANA L DO NOT WRITE 2238 13TH AVE SW LARGO, FL 33770 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BROMM, DANA L NAME 2238 13TH AVE SW STREET ADDRESS CITY-ST-ZIP LARGO, FL 33770 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

> Brown PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**