

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000096530

FILED
Jan 26, 2009
Secretary of State**Entity Name:** LITTLE TREASURES ACADEMY, INC.**Current Principal Place of Business:**8070 MC NAB RD
NORTH LAUDERDALE, FL 33068 US**New Principal Place of Business:****Current Mailing Address:**8070 MC NAB RD
NORTH LAUDERDALE, FL 33068 US**New Mailing Address:****FEI Number:** 20-1289604 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MIDY, BEATRICE R
8070 WEST MC NAB RD
NORTH LAUDERDALE, FL 33068 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

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: MIDY, BEATRICE R
Address: 2022 CLASSIC DR
City-St-Zip: CORAL SPRINGS, FL 33071**Title:** VP () Delete
Name: MIDY, PATRICK O
Address: 2022 CLASSIC DR
City-St-Zip: CORAL SPRINGS, FL 33071**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: BEATRICE MIDY

P

01/26/2009

Electronic Signature of Signing Officer or Director

Date