## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000110995

Entity Name: DELANO DAY CARE, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1154 LIBERTY HALL DR 916 DELANO COURT KISSIMMEE, FL 34746 KISSIMMEE, FL 34758

Current Mailing Address: New Mailing Address:

1154 LIBERTY HALL DR 4760 OREN BROWN ROAD KISSIMMEE, FL 34746 KISSIMMEE, FL 34746

FEI Number: 34-2026723 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BROWN, WAYME

1154 LIBERTY HALL DR
KISSIMMEE, FL 34746 US

BROWN, WAYME

4760 OREN BROWN ROAD
KISSIMMEE, FL 34746 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: 05/01/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: MR (X) Change ( ) Addition Name: BROWN, WAYNE Name: BROWN, WAYNE

 Name:
 BROWN, WAYNE
 Name:
 BROWN, WAYNE

 Address:
 1154 LIBERTY HALL DR
 Address:
 4760 OREN BROWN ROAD

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:
 KISSIMMEE, FL 34746

Title: VICE ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ECHAVARRIA, JESSICA
 Name:

 Address:
 916 DELANO COURT
 Address:

 City-St-Zip:
 KISSIMMEE, FL 34758 US
 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: WAYNE BROWN MR 05/01/2006