2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 11, 2009
Secretary of State

DOCUMENT# P04000110995

Entity Name: DELANO DAY CARE, INC.

Current Principal Place of Business:

4760 OREN BROWN RD
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

4760 OREN BROWN RD
KISSIMMEE, FL 34746

New Mailing Address:

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

Name and Address of Current Registered Agent:

BROWN, WAYNE
4760 OREN BROWN ROAD
KISSIMMEE, FL 34746 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: MR ( ) Delete
Name: BROWN, WAYNE
Address: 4760 OREN BROWN ROAD
City-St-Zip: KISSIMMEE, FL 34746

Title: VICE (X) Delete
Name: ECHAVARRIA, JESSICA
Address: 4760 OREN BROWN RD
City-St-Zip: KISSIMMEE, FL 34746 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: WAYNE BROWN MR 06/11/2009

Electronic Signature of Signing Officer or Director — Date