2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 05, 2007 8:00 am Secretary of State DOCUMENT # P05000039366 04-05-2007 90316 001 ***300 00 FUN N LEARNING FAMILY HOME CHILDCARE, INC. Principal Place of Business Mailing Address 1770 JOHNSON CT 1770 JOHNSON CT PPROPER DELTONA, FL 32738 DELTONA, FL 32738 01172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 81-0668203 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALL, DAVID E DO NOT WRITE 1770 JOHNSON CT DELTONA, FL 32738 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. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. IIILE HALL, DAVID E NAME STREET ADDRESS 1770 JOHNSON CT CITY-ST-ZIP DELTONA, FL 32738 TITLE NAME STREET ADDRESS CITY-ST-ZIP me 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 STREET ADDRESS 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/o 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 others the empowered.

NG OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED