

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000055978

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** LITTLE SAINTS DAY CARE FOUNDATION, INC.

**Current Principal Place of Business:**

1717 NE 2ND AVE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

8572 BREEZY HILL DR  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

GARY, GUERRIER  
8572 BREEZY HILL DR  
BOYNTON BEACH, FL 33437 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: DR.  
Name: NERLANDE, GUERRIER  
Address: 8572 BREEZY HILL DR.  
City-St-Zip: BOYNTON BEACH, FL 33473

Title: DR.  
Name: NERLANDE, GUERRIER  
Address: 8572 BREEZY HILL DR  
City-St-Zip: BOYNTON BEACH, FL 33473

Title: DR.  
Name: RICHARDINE, GUERRIER  
Address: 8572 BREEZY HILL DR  
City-St-Zip: BOYNTON BEACH, FL 33473

I hereby 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 all other like empowered.

SIGNATURE: NERLANDE GUERRIER

DR.

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date