

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000086884

Entity Name: U.S. CHILDCARE, INC.

**FILED**  
**Oct 05, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

2146 SE 18TH AVENUE  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

2146 SE 18TH AVENUE  
CAPE CORAL, FL 33990

**New Mailing Address:**

FEI Number: 20-3056545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHUTT, DARRIN R ESQ  
1105 CAPE CORAL PARKWAY EAST SUITE C  
CAPE CORAL, FL 33904 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: DARRIN SCHUTT

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:**

Title: P ( ) Delete  
Name: KOEHLER, FRANZISKA  
Address: 2146 SE 18TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: FRANZISKA KOEHLER

P

10/05/2006

Electronic Signature of Signing Officer or Director

Date