

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000002799

FILED
Apr 28, 2009
Secretary of State

Entity Name: CINDERELLA CHILD DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

44 EAST 27TH STREET
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

44 EAST 27TH STREET
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 20-4068033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOYD, DEBORAH
44 EAST 27TH STREET
JACKSONVILLE, FL 32206 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLOYD, DEBORAH
Address: 11404 HARTS ROAD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: S () Delete
Name: FLOYD, SYLVIA
Address: 7939 EAST SWEET ROSE LANE
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: T () Delete
Name: FLOYD, TANGELA
Address: 1059 EAST 10TH STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLOYD, DEBORAH
Address: 44 E. 27TH ST
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: S (X) Change () Addition
Name: FLOYD, SYLVIA
Address: 44 E. 27TH ST
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: T (X) Change () Addition
Name: FLOYD, TANGELA
Address: 44 E. 27TH ST
City-St-Zip: JACKSONVILLE, FL 32206 US

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: DEBORAH FLOYD

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date