2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000016196

FILED Jul 16, 2007 Secretary of State

Entity Name: PRAISE & WORSHIP LEARNING CENTER & DAYCARE GOD'S LITTLE ANGELS INC.

Current Principal Place of Business:	New Principal Place of Business:
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1210 WEST ROBINSON STREET ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

1210 WEST ROBINSON STREET ORLANDO, FL 32805

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

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

WYNN-JONES, BRIDGET

1210 WEST ROBINSON STREET

ORLANDO, FL 32805 US

MORGAN, GEORGIA DR

1210 WEST ROBINSON STREET

ORLANDO, FL 32805 US

ORLANDO, FL 32805 US

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: GEORGIA MORGAN 07/16/2007

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO () Delete Title: () Change () Addition

 Name:
 MORGAN, G M
 Name:

 Address:
 5420 KAREN CT
 Address:

 City-St-Zip:
 ORLANDO, FL 32811
 City-St-Zip:

Title: D () Delete Title: DIRE (X) Change () Addition Name: WYNN-JONES, BRIDGET Name: BUFFORD, TAMEKA

 Name:
 WYNN-JONES, BRIDGET
 Name:
 BUFFORD, TAMEKA

 Address:
 5420 KAREN CT.
 Address:
 4401 RING NECK RD

 City-St-Zip:
 ORLANDO, FL 32811
 City-St-Zip:
 ORLANDO, FL 32808

Title: S () Delete Title: S (X) Change () Addition

 Name:
 WHITTED, ANITA
 Name:
 DUPREE, VERNA

 Address:
 4049 S. ORANGE BLSM. TRAIL, APT. 193
 Address:
 5420 KAREN CT

 City-St-Zip:
 ORLANDO, FL 32808
 City-St-Zip:
 ORLANDO, FL 32811

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: GEORGIA MORGAN DR. 07/16/2007