

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000028064

1. Entity Name
LOVE & LAUGHTER LEARNING CENTER, INC.



Principal Place of Business
432 NE 17TH PLACE
CAPE CORAL, FL 33909

Mailing Address

432 NE 17TH PLACE
CAPE CORAL, FL 33909

2. Principal Place of Business - No P.O. Box #
1313 Laurel Drive

3. Mailing Address
c/o Robert D. Royston, Jr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
P.O. Drawer 60205

City & State
North Fort Myers, FL

City & State
Fort Myers, FL

Zip
33917

Country

Zip
33906

Country

03152007 Chg-P CR2E034 (12/06)

40087832



4. FEI Number

20-4380482

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROYSTON JR., ROBERT D ESQ
COSTELLO, ROYSTON & POND
12670 NEW BRITTANY BLVD. SUITE 101
FORT MYERS, FL 33907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPST
WEDEMEYER, MICHELE
432 NE 17TH PLACE
CAPE CORAL, FL 33909

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1313 Laurel Drive
North Fort Myers, FL 33917

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 to 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 other like empowered

SIGNATURE: *Michele Wedemeyer, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07 696-6800
Date Daytime Phone #