

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000041107

FILED
Mar 03, 2007
Secretary of State

Entity Name: SHINING STARS EARLY LEARNING PRESCHOOL INC.

Current Principal Place of Business:

33 FIR TRAIL PASS
OCALA, FL 34472 US

New Principal Place of Business:

504 EMERALD RD
OCALA, FL 34472 US

Current Mailing Address:

33 FIR TRAIL PASS
OCALA, FL 34472

New Mailing Address:

FEI Number: 20-4585904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURPIN, JAMMIE
33 FIR TRAIL PASS
OCALA, FL 34472 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: TURPIN, JAMMIE
Address: 33 FIR TRAIL PASS
City-St-Zip: Ocala, FL 34472 US

Title: VP () Delete
Name: TURPIN, MATTHEW
Address: 33 FIR TRAIL PASS
City-St-Zip: Ocala, FL 34472 US

Title: DIR () Delete
Name: OBERHART, MILDRED
Address: 5001 SW 20TH ST
City-St-Zip: Ocala, FL 34474 US

Title: DIR () Delete
Name: OBERHART, DONALD
Address: 5001 SW 20TH ST
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: BULTRON, ALFREDO
Address: 33 FIR TRAIL PASS
City-St-Zip: Ocala, FL 34472 US

Title: D () Delete
Name: BULTRON, ODETTE
Address: 33 FIR TRAIL PASS
City-St-Zip: Ocala, FL 34472 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: OBERHART, MILDRED
Address: 33 FIR TRAIL PASS
City-St-Zip: Ocala, FL 34472 US

Title: DIR (X) Change () Addition
Name: OBERHART, DONALD
Address: 33 FIR TRAIL PASS
City-St-Zip: Ocala, FL 34472 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MATTHEW TURPIN

VP

03/03/2007

Electronic Signature of Signing Officer or Director

Date