## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000044747

Entity Name: LEVINE DAYCARE INC.

FILED Aug 11, 2009 Secretary of State

Current Principal Place of Business:

6201 ADAMS PLACE
COCOA, FL 32927

Current Mailing Address:

1275 NORTH SINGLETON AVENUE
TITUSVILLE, FL 32796

FEI Number: 20-4602558 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

LEVINE, ERIC

13822 EARPOD DR ORLANDO, FL 32828 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:

Name: Address:

City-St-Zip:

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

13822 EARPOD DR

ORLANDO, FL 32828

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: ( ) Delete Title: (X) Change ( ) Addition LEVINE, LINDA LEVINE, ERIC Name: Name: 18130 CADENCE STREET 13822 EARPOD DR Address: Address: City-St-Zip: ORLANDO, FL 32820 City-St-Zip: ORLANDO, FL 32828

ity-St-Zip: ORLANDO, FL 32820 City-St-Zip: ORLANDO, FL 32828

Title: Title: () Delete (X) Change ( ) Addition LEVINE, ERIC Name: LEVINE, ERIC Name: 18130 CADENCE STREET 13822 EARPOD DR Address: Address: ORLANDO, FL 32820 ORLANDO, FL 32828 City-St-Zip: City-St-Zip:

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

 Name:
 LEVINE, LINDA
 Name:
 LEVINE, ERIC

 Address:
 18130 CADENCE STREET
 Address:
 13822 EARPOD DR

 City-St-Zip:
 ORLANDO, FL 32820
 City-St-Zip:
 ORLANDO, FL 32828

Title: T ( ) Delete Title: ( ) Change ( ) Addition
Name: LEVINE, ERIC Name:

Name: Address: City-St-Zip:

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: ERIC LEVINE P 08/11/2009