2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 03, 2007 8:00 am Secretary of State 08-03-2007 90019 021 ***550 00 DOCUMENT # P06000048075 1. Entity Name VIERA CHILDCARE CENTER, INC. Principal Place of Business Mailing Address 3395 SOLERNO BLVD 3395 SOLERNO BLVD VIERA, FL 32940 VIERA, FL 32940 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07302007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 13 4331002 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'BRIEN, JAMES M Street Address (P.O. Box Number is Not Acceptable) 1686 W. HIBISCUS BLVD MELBOURNE, FL 32901 City Zip Code FL 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 little if applicable (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DIR Delete TITLE ☐ Change Addition HUNTER, DEVON NAME NAME STREET ADDRESS 2863 BELLWIND CIRCLE STREET ADDRESS CITY-ST-ZIP VIERA, FL 32940 CITY-ST-ZIP DIR TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUNTER, FLORENCE NAME NAME STREET ADDRESS 2863 BELLWINID CIRCLE STREET ADDRESS CITY-ST-7IP VIERA, FL 32940 CITY - ST - ZIP TITLE Delete THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 it changed, or on an attachment with an address, with all other like empowered.

DEVON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

B21)609-9065