



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90445 020 ***150.00

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|--|---|--|---|--|--|
| DOCUMENT # P06000058403 1. Entity Name MARY'S LITTLE LAMB CHILDCARE, INC | | | |  | |
| Principal Place of Business 1112 NW 105TH ST MIAMI, FL 33150 | | | Mailing Address 1112 NW 105TH ST MIAMI, FL 33150 | | |
| 2. Principal Place of Business - No P.O. Box # 1112NW105ST | | 3. Mailing Address 1112NW105ST | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Miami, FL | | City & State Miami, FL | | | |
| Zip 33150 | | Country USA | | 4. FEI Number 61-1511999 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 6. Name and Address of Current Registered Agent SMITH, IREAN 1112 NW 105TH ST MIAMI, FL 33150 | | 7. Name and Address of New Registered Agent 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: <u><i>Irean Smith</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/24/07</u> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P SMITH, IREAN 1112 NW 105TH ST MIAMI, FL 33150 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MORENO, CHARLOTTE 1112 NW 105TH ST MIAMI, FL 33150 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUTLER, CAROL 1112 NW 105TH ST MIAMI, FL 33150 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u><i>Irean Smith</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>4/24/07</u> <u>786-200-1156</u> <small>Date Daytime Phone #</small> | | |