2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# P06000090244

Entity Name: FAMILY DAY CARE SPOT INC.

Current Principal Place of Business:

116 HEMINGWAY CT
ROYAL PALM BCH, FL 33411

New Principal Place of Business:

Current Mailing Address:

116 HEMINGWAY CT
ROYAL PALM BCH, FL 33411

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEGOVIA, CATHLENE
116 HEMINGWAY CT
ROYAL PALM BCH, FL 33411 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: D ( ) Delete
Name: SEGOVIA, CATHLENE
Address: 116 HEMINGWAY CT
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D ( ) Change (X) Addition
Name: SEGOVIA, PEDRO
Address: 116 HEMINGWAY COURT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Change (X) Addition
Name: SEGOVIA, SARAH
Address: 116 HEMINGWAY COURT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: O ( ) Change (X) Addition
Name: SEGOVIA, LINDA
Address: 116 HEMINGWAY COURT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: O ( ) Change (X) Addition
Name: SEGOVIA, AMANDA
Address: 116 HEMINGWAY COURT
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: CATHLENE SEGOVIA D 04/12/2007

Electronic Signature of Signing Officer or Director — Date