

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000109492

Entity Name: ELLIE'S DAY CARE CENTER, INC.

FILED
Apr 02, 2007
Secretary of State

Current Principal Place of Business:

449 BELL AVENUE
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

449 BELL AVENUE
BROOKSVILLE, FL 34601 US

New Mailing Address:

FEI Number: 20-5486598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, MERIDA
6235 OGBURN STREET
BROOKSVILLE, FL 34602 US

Name and Address of New Registered Agent:

ROBINSON, MERIDA
13225 LINDEN DR
SPRINGHILL, FL 34609 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:

04/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBINSON, MERIDA
Address: 6235 OGBURN STREET
City-St-Zip: BROOKSVILLE, FL 34602 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBINSON, MERIDA
Address: 13225 LINDEN DR
City-St-Zip: SPRINGHILL, FL 34609 US

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: MERIDA ROBINSON

P

04/02/2007

Electronic Signature of Signing Officer or Director

Date