

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156380

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** CHILD CARE & LEARNING CENTER CORP.

**Current Principal Place of Business:**

10401 US HWY 441  
SUITE 100  
LEESBURG, FL 34788

**New Principal Place of Business:**

**Current Mailing Address:**

10401 US HWY 441  
SUITE 100  
LEESBURG, FL 34788

**New Mailing Address:**

23302 OAK CLUSTER DR  
SORRENTO, FL 32776

**FEI Number:** 20-8243079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOMEZ, MARIA G  
23302 OAK CLUSTER DRIVE  
SORRENTO, FL 32776 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GOMEZ, MARIA G  
Address: 23302 OAK CLUSTER DRIVE  
City-St-Zip: SORRENTO, FL 32776

Title: VP  
Name: GOMEZ, JOAQUIN G  
Address: 23302 OAK CLUSTER DRIVE  
City-St-Zip: SORRENTO, FL 32776

Title: ST  
Name: GOMEZ, MARIA G  
Address: 23302 OAK CLUSTER DRIVE  
City-St-Zip: SORRENTO, FL 32776

I hereby 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 all other like empowered.

SIGNATURE: MARIA G GOMEZ

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

OWNE

02/16/2012

\_\_\_\_\_ Date