2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

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DOCUMENT # P07000106859 1. Entity Name SMALL BLESSINGS CHRISTIAN DAYCARE & LEARNING CENTER, INC.						04-21-2008 9	0078 002 *	***158.	75
Principal Place of Business 36233 CLINTON AVENUE DADE CITY, FL 33525		Mailing Address 36233 CLINTON AVENU DADE CITY, FL 33525	E	÷ .					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04082008	Chg-P	CR2E034 ((12/06)		
City & State		City & State			4. FEI Number Applied For Not Applied For Not Applied For				
Zip	Country	Zip	Country			of Status Desired		.75 Addi	tional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agei	nt	
SMITH, BETTY			Name	7. Name and Address of New Registered Agent Name					
35818 LAF	ETTY KESHORE DRIVE Y. FL 33525		Street	Street Address (P.O. Box Number is Not Acceptable)					
DADE OII	1,12 00025								
•			City				FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office					red agent, or both	h, in the State of Flo	orida. I am fami	iliar with, a	and accept
the obliga	tions of redistered agent.						\sim		ابدر
0/01/47/455	VADITI- SI	n 176.				,	W(ID)	11/1/1	518
SIGNATURE Signature, typed or printing same of registered agent and sitle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OPEN TO SIGNATURE S									
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contr		\$5	.00 May Be led to Fees				
40	OFFICERS AND					1			
10.	OFFICERS AND	DIDECTORS	44		ADDITIONS (CHANCEC TO OFF	ICEDS AND DI	DECTABO	INLAA
I IIIVE	Р	DIRECTORS	11.	1	ADDITIONS/	CHANGES TO OFF			
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NAME] '		TITLE	5	ADDITIONS/	CHANGES TO OFF			
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 149. Floride 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: Delty Sm.

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