2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P08000004691

Entity Name: A MAGIC MOUNTAIN PRESCHOOL AND DAYCARE, INC.

Current Principal Place of Business:

18522 US HIGHWAY 19
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

18522 US HIGHWAY 19
HUDSON, FL 34667

New Mailing Address:

FEI Number: 26-1747517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, LISA
7350 STAGHORN DRIVE
WEEKI WACHEE, FL 34607 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: P ( ) Delete
Name: BROWN, LISA
Address: 7350 STAGHORN DRIVE
City-St-Zip: WEEKI WACHEE, FL 34607

Title: VP ( ) Delete
Name: GONZALEZ, VICTORIA
Address: 1049 COBBLESTONE DRIVE
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LISA BROWN P 04/29/2009

Electronic Signature of Signing Officer or Director Date