

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000014854

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** ALL STAR'S CHILDCARE CENTER INC

**Current Principal Place of Business:**

6404 SAGEWOOD DR.  
ORLANDO, FL 32818

**New Principal Place of Business:**

7307 WEST COLONIAL DR  
7429  
ORLANDO, FL 32818

**Current Mailing Address:**

6404 SAGEWOOD DR.  
ORLANDO, FL 32818

**New Mailing Address:**

6404 SAGEWOOD DR  
ORLANDO, FL 32818

**FEI Number:** 26-1709891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, EDNITA D.OWNER  
6404 SAGEWOOD DR.  
ORLANDO, FL 32818 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: DP  
Name: WILLIAMS, EDNITA  
Address: 6404 SAGEWOOD DR.  
City-St-Zip: ORLANDO, FL 32818

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: EDNITA WILLIAMS

DP

04/23/2012

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

\_\_\_\_\_  
Date