## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000102306

City-St-Zip:

LAND O LKAES, FL 34639

Entity Name: NEW WORLD DAY CARE CENTER. INC

FILED May 06, 2009 Secretary of State

Littly Nan	ile. INEVV VVC	RED DAT CARE CENTER, INC	J.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
4202 N. 22 TAMPA, FL	ND STREET . 33610						
Current Mailing Address:			New Mailing Address:				
4202 N. 22 TAMPA, FL	ND STREET . 33610						
FEI Number:	26-3730984	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
MACEUS, 2603 WILS LAND O LA		39 US					
The above in the State	named entity s of Florida.	ubmits this statement for the pu	urpose of changing i	ts registere	ed office or registered agent, or bo	oth,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	nt		Date		
		8(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior notic	e.			
OFFICERS	AND DIREC	rors:	ADDITION	IS/CHANG	SES TO OFFICERS AND DIRECT	TORS:	
Title: Name: Address: City-St-Zip:	P () MACEUS, LEON 2603 WILSKY F LAND O LAKES	ROAD	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	JEAN FRANCOI	REET, APT. 227	Title: Name: Address: City-St-Zip:	VP MACEUS, 3 2603 WILS LAND O LE			
Title: Name: Address:	VP () MACEUS, SON' 2603 WILSKY F		Title: Name: Address:		(X) Change ( ) Addition L, JEAN .FRANCOIS TH STREET.APT. 227		

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.

City-St-Zip:

TAMPA, FL 33617

SIGNATURE: LEOMENE MACEUS V 05/06/2009