2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2011
Secretary of State

DOCUMENT# P10000039819

Entity Name: LEGACY DAY CARE, INC

Current Principal Place of Business:

615- 28TH STREET SOUTH
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

615 -28TH STREET SOUTH
ST. PETERSBURG, FL 33712

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVETT, FOSTER CPA
400 EAST MLK BLVD
SUITE 108
TAMPA, FL 33603 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: TURNER, KATRINA
Address: 622 WOODSTONE ROAD
City-St-Zip: LITHONIA, GA 30058

Title: VP
Name: FORD, NICOLE
Address: 615 -28TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

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: KATRINA TURNER P 03/18/2011

Electronic Signature of Signing Officer or Director — Date