2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# P11000063789

Entity Name: DREAMS DAY CARE CENTER INC.

Current Principal Place of Business:

470 SPRING CREEK HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

470 SPRING CREEK HWY
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 45-2796145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGREW, SAMUEL G
88 HOMAN POINT AVE
CRAWFORDVILLE, FL 32327 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: MCGREW, SAMUEL G
Address: 88 HOMAN POINT AVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: OFF
Name: MCGREW, HATTIE
Address: 3 GAVIN RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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: SAMUEL MCGREW JR P 05/01/2012

Electronic Signature of Signing Officer or Director — Date