

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000007157

Entity Name: CHILD CARE 2000, INC.

FILED
Jan 13, 2005
Secretary of State

Current Principal Place of Business:

24534 STATE RD 44
SORRENTO, FL 32776

New Principal Place of Business:

Current Mailing Address:

24534 STATE RD 44
SORRENTO, FL 32776

New Mailing Address:

FEI Number: 59-3162614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARRETT, ALICIA
24534 STATE RD 44
SORRENTO, FL 32776 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: BARRETT, ALICIA
Address: 23017 SR 44
City-St-Zip: EUSTIS, FL 32726

Title: V () Delete
Name: BARRETT, GEORGE M SR.
Address: 23017 SR 44
City-St-Zip: EUSTIS, FL 32726

Title: T () Delete
Name: BARRETT, GEORGE JR
Address: 21115 ORANGE CT
City-St-Zip: MOUNT DORA, FL 32757

Title: S () Delete
Name: MAYO, MICHELLE
Address: 23017 SR 44
City-St-Zip: EUSTIS, FL

Title: D () Delete
Name: BARRETT, MICHAEL P
Address: 34611 BARRY LANE
City-St-Zip: SORRENTO, FL 32776 US

Title: D () Delete
Name: BARRETT, JENNIFER A
Address: 21115 ORANGE CT
City-St-Zip: MOUNT DORA, FL 32757 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: ALICIA BARRETT

PRES

01/13/2005

Electronic Signature of Signing Officer or Director

_____ Date