2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 19, 2005
Secretary of State

DOCUMENT# P93000061456

Entity Name: MIS' MARY'S DAY CARE, INC.

Current Principal Place of Business:

1297 BARRETT RD
NO FT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

1297 BARRETT RD
NO FT MYERS, FL 33903 US

New Mailing Address:

FEI Number: 65-0452603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILDMAN, RAYMOND L SR
5996 SONNET CT
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

WILDMAN, MARY E
5996 SONNET CT
NORTH FORT MYERS, FL 33903 US

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: MARY E. WILDMAN 08/19/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILDMAN, RAYMOND L SR
Address: 5996 SONNET CT
City-St-Zip: NORTH F0RT MYERS, FL 33903

Title: VP (X) Delete
Name: WILDMAN, MARY E
Address: 5996 SONNET CT
City-St-Zip: N FORT MYERS, FL 33903

Title: S ( ) Delete
Name: WILDMAN, ROBERT J
Address: 409 SE 21ST AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: T ( ) Delete
Name: WILDMAN, RAYMOND L JR
Address: 1646 TEMPLE TERRACE
City-St-Zip: N FORT MYERS, FL 33917

Title: D (X) Delete
Name: WILDMAN, WENDY K
Address: 5996 SONNET CT
City-St-Zip: NO FT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILDMAN, MARY E
Address: 5996 SONNET CT
City-St-Zip: NORTH F0RT MYERS, FL 33903

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: MARY E. WILDMAN P 08/19/2005
Electronic Signature of Signing Officer or Director Date