

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000065762

FILED
Feb 10, 2009
Secretary of State

Entity Name: LOVING CARE LEARNING CENTER, INC.

Current Principal Place of Business:

391 VALLY FORGE RD.
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

391 VALLEY FORGE RD.
WEST PALM BCH,, FL 33405

New Mailing Address:

391 VALLY FORGE RD.
WEST PALM BEACH, FL 33405 US

FEI Number: 65-0437773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEHLS, SHEILA
391 VALLEY FORGE RD.
WEST PALM BEACH, FL 33405 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: PD () Delete
Name: NEHLS, SHEILA
Address: 100 CHAIRFACTORY RD
City-St-Zip: ELMA, NY 14059

Title: VD () Delete
Name: CARVILLE, MARY
Address: 7972 SOUTH A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: SD () Delete
Name: NEHLS, RICHARD
Address: 100 CHAIRFACTORY RD
City-St-Zip: ELMA, NY 14059

Title: TD () Delete
Name: CARVILLE, PATRICK
Address: 7972 SOUTH A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

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:

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.

SIGNATURE: SHEILA NEHLS

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

Date