

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000020874

FILED
Apr 23, 2007
Secretary of State

Entity Name: TINY TREASURES CHILD CARE CENTER AND PRESCHOOL INC.

Current Principal Place of Business:

11 N. MELBOURNE ST.
BEVERLY HILLS, FL 34465

New Principal Place of Business:

Current Mailing Address:

11 N. MELBOURNE ST.
BEVERLY HILLS, FL 34465

New Mailing Address:

FEI Number: 59-3220273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEVENGOOD, MARYLYNN
32 S. BARBOUR ST.
BEVERLY HILLS, FL 34465 US

Name and Address of New Registered Agent:

BARNES, LORILYNN
2725 W. FAIRFAX CT.
LECANTO, FL 34465 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: LORILYNN BARNES 04/23/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARNES, LORI LYNN
Address: 2725 W FAIRFAX CT
City-St-Zip: LECANTO, FL 34461 US

Title: SC () Delete
Name: LEVENWOOD, MARILYN
Address: 32 S BARBOUR ST
City-St-Zip: BEVERLY HILLS, FL 34465 US

Title: SR () Delete
Name: LEVENWOOD, JERRY
Address: 32 S BARBOUR ST
City-St-Zip: BEVERLY HILLS, FL 34465 US

Title: VP (X) Delete
Name: BARNES, LEONARD N
Address: 2725 W FAIRFAX CT
City-St-Zip: LECANTO, FL 34461 US

Title: T (X) Delete
Name: MORAN, FREDERICK F
Address: 49 S MELBOURNE ST
City-St-Zip: BEVERLY HILLS, FL 34465 US

Title: VPF (X) Delete
Name: MORAN, MARILYN N
Address: 49 S MELBOURNE ST
City-St-Zip: BEVERLY HILLS, FL 34465 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BARNES, LEONARD N
Address: 2725 W. FAIRFAX CT
City-St-Zip: LECANTO, FL 34461 US

Title: T (X) Change () Addition
Name: MORAN, FREDERICK F
Address: 49 S. MELBOURNE ST
City-St-Zip: BEVERLY HILLS, FL 34465 US

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: LORILYNN BARNES P 04/23/2007

Electronic Signature of Signing Officer or Director Date