


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

01-20-2005 90020 038 ***150.00

000000000000 P95000066574 1. Entity Name SUNFLOWER DAY CARE CENTER, INC.	
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Principal Place of Business 110 MICHELLE LANE KISSIMMEE, FL 34743 US	Mailing Address 110 MICHELLE LANE KISSIMMEE, FL 34743 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3338859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 00000000 0000000000

6. Name and Address of Current Registered Agent

DA SILVA, SHELDA S. L. 119 VERACRUZ AVENUE KISSIMMEE, FL 34743
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DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 00000000
 0000000000

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DA SILVA, SHELDA S.L. 119 VERACRUZ AVENUE KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ASSUMPCAO, HELENA T 252 SATINWOOD CIRCLE KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ASSUMPCAO NOGUETRA, LUCIANA 252 SATINWOOD CIRCLE KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheldada Silva DIRECTOR Date: 02-15-05 Daytime Phone #: 4073448224