

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000066574

FILED
Jan 21, 2009
Secretary of State

Entity Name: SUNFLOWER DAY CARE CENTER, INC.

Current Principal Place of Business:

110 MICHELLE LANE
KISSIMMEE, FL 34743 US

New Principal Place of Business:

Current Mailing Address:

110 MICHELLE LANE
KISSIMMEE, FL 34743 US

New Mailing Address:

FEI Number: 59-3338859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DA SILVA, SHELDA S. L.
110 MICHELLE LN
KISSIMMEE, FL 34743 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: PS () Delete
Name: DA SILVA, SHELDA S.L.
Address: 5368 MAJESTIC ISLAND CIRCLE
City-St-Zip: SAINT CLOUD, FL 34771

Title: VPT () Delete
Name: ASSUMPCAO, HELENA T
Address: 252 SATINWOOD CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: S () Delete
Name: ASSUMPCAO NOGUEIRA, LUCIANA
Address: 252 SATINWOOD CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

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:

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: SHELDA DA SILVA

Electronic Signature of Signing Officer or Director

DIRE

01/21/2009

Date