2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr-25, 2006 08:00 AN Secretary of State DOCUMENT # P96000015901 1. Entity Name GUARDIAN ANGEL HOME DAY CARE, INC. Principal Place of Business Mailing Address 1700 58TH ST N 1700 58TH ST N ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33710 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3368977 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOOKER-DEVENY, KRISTINA DO NOT WRITE 1700 58 ST N. SAINT PETERSBURG, FL 33710 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when refrestating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PST THILE BOOKER-DEVENY, KRISTINA STREET ADDRESS 1700 58TH ST N CUTY-ST-ZIP ST PETERSBURG, FL 33710 U00000533316 05/06/06-80120-006 150.00 HILE NAME STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HUF IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

A/23/06

727 3438332

Daytime Phone #

FILED