2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P97000014984

Entity Name: NEW BEGINNINGS DAYCARE CENTER OF MIDWAY, INC.

Current Principal Place of Business:

320 MINE ROAD
MIDWAY, FL 32343

New Principal Place of Business:

Current Mailing Address:

PO BOX 602
MIDWAY, FL 32343

New Mailing Address:

FEI Number: 59-3427900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OWENS, VERDA
324 MINE ROAD
MIDWAY, FL 32343 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: P ( ) Delete
Name: OWENS, VERDA
Address: 324 MINE ROAD
City-St-Zip: MIDWAY, FL 32343

Title: V ( ) Delete
Name: FRANKLIN, TRACY
Address: 9726 SPRINGHILL ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: S ( ) Delete
Name: BENNETT, JAMES
Address: 1102 ALABAMA ST
City-St-Zip: TALLAHASSEE, FL 32304

Title: T ( ) Delete
Name: FRANKLIN, OSCAR
Address: 9726 SPRINGHILL RD
City-St-Zip: TALLAHASSEE, FL 32310

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: VERDA OWENS P 04/30/2009

Electronic Signature of Signing Officer or Director — Date