2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# P97000045402

Entity Name: CAROUSEL KIDS DAYCARE AND LEARNING CENTER, INC.

Current Principal Place of Business:

1883 GRANADA ST
NAVARRE, FL 32566

New Principal Place of Business:

6551 ROBAR TESORA
NAVARRE, FL 32566

Current Mailing Address:

1883 GRANADA ST
NAVARRE, FL 32566

New Mailing Address:

6551 ROBAR TESORA
NAVARRE, FL 32566

FEI Number: 59-3449577 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BITTERS, MICHELE A
6551 ROBAR TEROSA
NAVARRE, FL 32566 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: D ( ) Delete
Name: BITTERS, BARRY
Address: 6551 ROBAR TESORA
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: BITTERS, MICHELE
Address: 6551 ROBAR TESORA
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: BITTERS, NANCY
Address: 5943 EAST BAY BLVD
City-St-Zip: NAVARRE, FL 32562

Title: D ( ) Delete
Name: BITTERS, ERIN
Address: 6551 ROBAR TESORA
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: 4BITTERS, NICOLE A
Address: 6551 ROBAR TESORA
City-St-Zip: NAVARRE, FL 32566

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHELE A. BITTERS DIR 01/06/2007
Electronic Signature of Signing Officer or Director Date