

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000045402

FILED
Feb 07, 2009
Secretary of State

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:

Current Mailing Address:

21274 SAMANTHA DRIVE
STERLING, VA 20164

New Mailing Address:

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
1883 GRANADA STREET
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, 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: D (X) Change () Addition
Name: BITTERS, NICOLE A
Address: 6551 ROBAR TESORA
City-St-Zip: NAVARRE, FL 32566

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: MICHELE BITTERS

DIRE

02/07/2009

Electronic Signature of Signing Officer or Director

Date