

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000006127

FILED  
Feb 01, 2011  
Secretary of State

**Entity Name:** LEARNING TREE DAY CARE, INC.

**Current Principal Place of Business:**

6368 WINDMERE ROAD  
BROOKSVILLE, FL 34602

**New Principal Place of Business:**

**Current Mailing Address:**

6368 WINDMERE ROAD  
BROOKSVILLE, FL 34602

**New Mailing Address:**

FEI Number: 59-3491652      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARRIS, GLORIA  
6368 WINDMERE ROAD  
BROOKSVILLE, FL 34602      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

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: HARRIS, GLORIA  
Address: 6368 WINDMERE RD  
City-St-Zip: BROOKSVILLE, FL 34602

Title: P  
Name: HARRIS, SHANE  
Address: 6368 WINDMERE RD  
City-St-Zip: BROOKSVILLE, FL 34602

I hereby 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 all other like empowered.

SIGNATURE: GLORIA HARRIS

VP

02/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date