

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096397

FILED  
Feb 18, 2007  
Secretary of State

Entity Name: LITTLEFOOT LEARNING CENTER, INC.

**Current Principal Place of Business:**

1137 SUNSET ROAD  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

1137 SUNSET ROAD  
WEST PALM BEACH, FL 33406 US

**New Mailing Address:**

FEI Number: 65-0347832      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LINTON, PATRICIA ANN  
223 DOWN EAST LANE  
LAKE WORTH, FL 33467 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: LINTON, PATRICIA A  
Address: 223 DOWN EAST LANE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VPI ( ) Delete  
Name: LUSCAVICH, CHRISTINE M  
Address: 16143 STURBRIDGE LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: VPPI ( ) Delete  
Name: SMITH, CHARLES E  
Address: 6387 INDIAN TRIAL DRIVE  
City-St-Zip: LOXAHATCHEE, FL 33470

**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:

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: PATRICIA ANN LINTON

PRES

02/18/2007

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

\_\_\_\_\_  
Date