

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000096397

**FILED**  
**Mar 20, 2011**  
**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 A  
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

**OFFICERS AND DIRECTORS:**

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

Title: VPI  
Name: LUSCAVICH, CHRISTINE M  
Address: 16650 VAN GOGH BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP II  
Name: SMITH, CHARLES E  
Address: 6387 INDIAN TRIAL DRIVE  
City-St-Zip: LOXAHATCHEE, FL 33470

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: PATRICIA A LINTON

OWNE

03/20/2011

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

\_\_\_\_\_  
Date