## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V07353

FILED
Jan 09, 2007
Secretary of State

Entity Name: SHARING TREE PRE-SCHOOL, INC.

Current F	Principal Place	e of Business:	New Principal Place of Business:		
	ENLAND RD NVILLE, FL 32	258			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	ENLAND RD NVILLE, FL 32	258			
FEI Number	r: 59-3105920	FEI Number Applied For	( ) FEI Number Not Applicable ( ) Certificate of S	Status Desired ( )	
Name and	d Address of (	Current Registered Age	ent: Name and Address of New Register	ed Agent:	
9925 ORC	N, BRENDA J. CHARD HILLS NVILLE, FL 32:				
	e named entity e of Florida.	submits this statement for	or the purpose of changing its registered office or registe	ered agent, or both,	
SIGNATU	RE:				
	Flectro	nic Signature of Register	red Agent Date	_	
	Licotio				
Election Ca		ng Trust Fund Contribution (	•		
		ng Trust Fund Contribution (	•	S AND DIRECTORS:	
<b>OFFICER</b> Title: Name: Address:	mpaign Financin	ng Trust Fund Contribution ( CTORS: ) Delete NNIS A., AND RD	<b>).</b>		
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	mpaign Financin  S AND DIRECT  CST ( BRATTON, DE 6045 GRERNL JACKSONVILL	ng Trust Fund Contribution ( CTORS:  ) Delete NNIS A., AND RD .E, FL 32258  ) Delete ENDA J., AND RD	).  ADDITIONS/CHANGES TO OFFICER  Title: ( ) Change ( ) Add Name: Address:	lition	
	CST ( BRATTON, DE 6045 GRERNL JACKSONVILL DMP ( BRATTON, BR 6045 GREENL JACKSONVILL	ng Trust Fund Contribution (CTORS:  ) Delete NNIS A., AND RD .E, FL 32258  ) Delete ENDA J., AND RD .E, FL 32258  ) Delete COB L., RIAN CT	ADDITIONS/CHANGES TO OFFICER  Title: ( ) Change ( ) Add Name: Address: City-St-Zip:  Title: ( ) Change ( ) Add Name: Address: ( ) Change ( ) Add Name: Address: ( ) Change ( ) Change ( ) Address: ( ) Change ( ) Cha	lition	
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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: BRENDA BRATTON DMP 01/09/2007