

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V08536

FILED
Apr 14, 2009
Secretary of State

Entity Name: PRECIOUS BUNDLES CHILD CARE CENTER, INC.

Current Principal Place of Business:

3314 N NEBRASKA
TAMPA, FL 33603 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 172355
TAMPA, FL 33672 US

New Mailing Address:

P.O. BOX 360275
TAMPA, FL 33675 US

FEI Number: 59-3104366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASHINGTON, LORETHA G MRS
44 BELLS OF IRELAND
HOMOSASSA SPRINGS, FL 34446 US

Name and Address of New Registered Agent:

WASHINGTON, LORETHA G MRS
44 BELLS OF IRELAND CT
HOMOSASSA SPRINGS, FL 34446 US

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: LORETHA WASHINGTON

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILLEY-WASHINGTON, LORETHA
Address: 44 BELLS OF IRELAND
City-St-Zip: HOMOSASSA SPRINGS, FL 34446

Title: T () Delete
Name: WASHINGTON, GEORGE H
Address: 44 BELLS OF IRELAND
City-St-Zip: HOMOSASSA SPRINGS, FL 34446 US

Title: S () Delete
Name: GILLEY, DUANE S
Address: 4604 LIGHTERWOOD WAY
City-St-Zip: VALRICO, FL 33619 US

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 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: LORETHA WASHINGTON

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date