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.

DP

SIGNATURE: CRAIG A. WAGNER

Electronic Signature of Signing Officer/Director Detail

5855 SANDY SPRINGS CIRCLE

FEI Number: 59-3235279

Name and Address of Current Registered Agent:

CLEMENT, G. EDWARD ESQ. 308 E. FIFTH AVENUE MOUNT DORA, FL 32757 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:

Date Electronic Signature of Registered Agent **Officer/Director Detail :** s DP Title Title Name WAGN Address 5855 \$ RCLE, SUITE 300 SAND 328 City-State-Zip:

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000087724

Entity Name: PAISLEY OAKES CHILD CARE CENTER, INC.

Current Principal Place of Business:

24960 CR 42 PAISLEY, FL 32767

Current Mailing Address:

SUITE 300 SANDY SPRINGS, GA 30328 US

Apr 17, 2013 Secretary of State CC1730281617

FILED

Certificate of Status Desired: No

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NER, CRAIG A	Name	WAGNER, DEBORA M
SANDY SPRINGS CIRCLE, SUITE	Address	5855 SANDY SPRINGS CIR 300
DY SPRINGS GA 30328	City-State-Zip:	SANDY SPRINGS GA 303

04/17/2013 Date