


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90058 027 ****61.25

DOCUMENT # 709534
 1. Entity Name
HOBE SOUND CHILD CARE CENTER, INC.



Principal Place of Business
 11580 S.E. GOMEZ AVE.
 HOBE SOUND, FL 33455

Mailing Address
 11580 S.E. GOMEZ AVE.
 HOBE SOUND, FL 33455

60018776



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02062006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-1107869

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, MARY T
8536 MAY TERRACE
HOBE SOUND, FL 33455

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME WAGNER, JOANNE
 STREET ADDRESS 11580 SE GOMEZ AVE
 CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE M Delete
 NAME KING, MARY
 STREET ADDRESS 8536 MAY TERRACE
 CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME WHITCOMB, CAMILLE
 STREET ADDRESS 6789 SE MOURNING DOVE WAY
 CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VTD Delete
 NAME ST ONGE, DONALD
 STREET ADDRESS 11580 SE GOMEZ AVE
 CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary T King Date: 2-14-06 Daytime Phone #: 772-546-5462

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR