

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002560

FILED  
May 09, 2006  
Secretary of State

Entity Name: PRECIOUS JEWELS ACADEMY LEARNING CENTER, INC.

**Current Principal Place of Business:**

1716 78TH DRIVE EAST  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 601  
SARASOTA, FL 34230-060

**New Mailing Address:**

FEI Number: 73-1685567      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MATHIS, ANGELA C  
1716 78TH DRIVE EAST  
SARASOTA, FL 34243      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: D P      ( ) Delete  
Name: MATHIS, ANGELA C  
Address: 2307 SPRING OAKS COURT  
City-St-Zip: SARASOTA, FL 34234

Title: D      ( ) Delete  
Name: MATHIS, RONALD W  
Address: 1716 78TH DRIVE EAST  
City-St-Zip: SARASOTA, FL 34243

Title: D VP      ( ) Delete  
Name: GIBBONS, ARCHIE JR.  
Address: 680 CECINA WAY  
City-St-Zip: KISSIMMEE, FL 34741

Title: D      ( ) Delete  
Name: CAMPBELL, LEON  
Address: 3526 PRADO DRIVE  
City-St-Zip: SARASOTA, FL 34235

Title: D      ( ) Delete  
Name: SPENCER, MILDRED C  
Address: 710 LEE STREET  
City-St-Zip: KISSIMMEE, FL 34741

Title: D      ( ) Delete  
Name: GIBBONS, CAROLYN L  
Address: 710 LEE STREET  
City-St-Zip: KISSIMMEE, FL 34741

**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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA C. MATHIS

DP

05/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date