

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90095 020 \*\*\*150.00

**60028557**



03222006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000103334			
1. Entity Name STEPPING STONE CHILD CARE & LEARNING CENTER, INC.			
Principal Place of Business 2331 NORTH STATE ROAD 7 LAUDERHILL, FL 33313		Mailing Address 2331 NORTH STATE ROAD 7 LAUDERHILL, FL 33313	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Lauderhill FL</i>		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		4. FEI Number 30-0096671	
CANNAVAN, JACQUELINE E ESQ 4330 SHERIDAN STREET SUITE 202-B HOLLYWOOD, FL 33021		Applied For Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name		City	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, MATTIE	NAME	
STREET ADDRESS	2331 NORTH STATE ROAD 7	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33313	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, DARRELL	NAME	
STREET ADDRESS	2331 NORTH STATE ROAD 7	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33313	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODEN-SMITH, LINDA	NAME	
STREET ADDRESS	2331 NORTH STATE ROAD 7	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33313	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: <i>Mattie Richardson</i>		Date: <i>4/17/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	