2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000075155

1. Entity Name

FUNDAMENTAL CHILD CARE OF PALM COAST, INC.



Principal Place of Business

Mailing Address

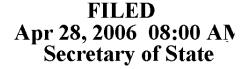
4892 N.W. PALM COAST PKWY

4892 N.W. PALM COAST PKWY

7032

PALM COAST, FL 32137

PALM COAST, FL 32137





DO NOT WRITE IN THIS SPACE

 4. FEI Number
 Applied For 59-3594052

 Not Applicable

5. Certificate of Status Desired

04252006

\$8.75 Additional Fee Required

CR2E034 (11/05)

Name and Address of Current Registered Agent

ARIES

BLUM, CHARLES 4892 NW PALM COAST PKWY C

PALM COAST, FL 32137

NAME STREET ADDRESS CITY+ST-ZIP

DO NOT WRITE IN THIS SPACE

No Chg-P

		1			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	surpose of changing its registere	d office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	-				-
	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signatur	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing 🛚	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	PD BLUM, CHARLES 4892 NW PALM COAST PKWY, STE PALM COAST, FL 32137	C			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRUSSGOTT, DAVID 4892 NW PALM COAST PKWY, STE (PALM COAST, FL 32137	3			U00000542206 05/10/06-80087-022 150.00
TITLE NAME STREET ADDRESS CITY-SY-ZIP	SD BLUM, ANITA 4892 PALM COAST PARKWAY, SUIT PALM COAST, FL 32137	EC		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · ·		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					

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: 🗸	Oll	Fe	marles	Blum	4/26	106 8386) 447-661	9
	SIGNATURE AND TYPE	O OR PRINTED NAME OF SIGHING O	FFICER OR DIRECTOR		Da	at Daytime Phone #	