

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729570

FILED
Feb 15, 2006
Secretary of State

Entity Name: CHILDREN'S EDUCATION CENTER OF THE ISLAND'S, INC.

Current Principal Place of Business:

350 CASA YBEL ROAD
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

350 CASA YBEL ROAD
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 59-1533336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YATES, JANA
350 CASA YBEL ROAD
SANIBEL, FL 33957 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: VPD () Delete
Name: STRANGE, STEPHANIE
Address: 5892 SAN CAP ROAD
City-St-Zip: SANIBEL, FL 33957

Title: PD () Delete
Name: KUPSAW, LENA
Address: 893 LIMPET DR
City-St-Zip: SANIBEL, FL 33957

Title: MDD () Delete
Name: YATES, JARA
Address: 696 SEA OATS
City-St-Zip: SANIBEL, FL 33957

Title: STD () Delete
Name: GALLANT, LYNN
Address: 1467 ALBATROSS RD.
City-St-Zip: SANIBEL, FL 33957

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: WELSH, MELINDA
Address: 9801 CYPRESS LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MCMURRAY, ANNIE
Address: 698 ANCHOR DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: TD () Change (X) Addition
Name: TYRELL, KELLY
Address: 704 CARDIUM STREET
City-St-Zip: SANIBEL, FL 33957

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: JANA YATES

MDD

02/15/2006

Electronic Signature of Signing Officer or Director

Date