2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 579672

1. Entity Name
A CHILD'S PLACE, INC.

Principal Place of Business	Mailing Address
6200 S.W ARCHER ROAD GAINESVILLE, FL 32608 US	6200 SW ARCHER ROAD GAINESVILLE, FL 32608 US

07102006   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-1872592	Not Applicable

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

6. Name and Address of Current Registered Agent

FOUST, AMANDA J.
6200 SW ARCHER ROAD
GAINESVILLE, FL 32608

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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

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOUST, AMANDA J.
STREET ADDRESS	1125 NW 109TH DR
CITY-ST-ZIP	GAINESVILLE, FL 32606

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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07/13/06-80014-001 558.75

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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: *Amanda J. Foust*   7/10/06   352-375-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #