2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# 720397

Entity Name: FLORENCE FULLER CHILD DEVELOPMENT CENTERS, INC.

Current Principal Place of Business:

200 N.E. 14TH ST
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

200 N.E. 14TH ST
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 59-1312245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOX-ARDLEIGH, ILA
200 NE 14 ST.
BOCA RATON, FL 33432 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:	P	( ) Delete
Name:	FOX-ARDLEIGH, ILA	
Address:	200 NE 14 ST.	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	SD	( ) Delete
Name:	TAUB, RONNA	
Address:	200 NORTHEAST 14TH STREET	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	VP	( ) Delete
Name:	KUPFERBERG, ELYSSA J	
Address:	200 NORTHEAST 14TH STREET	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	VD	( ) Delete
Name:	ZOBERMAN, SOL	
Address:	200 NORTHEAST 14TH STREET	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	TD	( ) Delete
Name:	SHETH, PROCHI	
Address:	200 NORTHEAST 14TH STREET	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	ED	( ) Delete
Name:	HERDEEN, LORRAINE	
Address:	200 NE 14 ST.	
City-St-Zip:	BOCA RATON, FL 33432	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	LITINSKY, LAURA	
Address:	200 NORTHEAST 14TH STREET	
City-St-Zip:	BOCA RATON, FL 33432	
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: LORRAINE E. HERDEEN ED 01/12/2006

Electronic Signature of Signing Officer or Director — Date