2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 04, 2006 8:00 am Secretary of State DOCUMENT # 725085 1. Entity Name 04-04-2006 90142 031 ****61.25 CHILDREN'S ACADEMY OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 923 26TH STREET WEST BRADENTON FL 34205 923 26TH STREET WEST BRADENTON FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1437475 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Bill Pacel ForD KEEPER DONNA Street Address (P.O. Box Number is Not Acceptable) 400 8TH AVENUE WEST 6115 11 th Avc. W PALMETTO FL 34221 Brudentos Fl. 3429 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. 3/29/2004 SIGNATURE (NOTE: Registered Agent signature required when reinstation) ea or printed name of registered agent and title if abuncable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to ... Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Detete TITLE TITLE ■ Addition Change TURNER, BARBARA NAME NAME 2314 17TH ST. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition CUPP, MANDY NAME NAME 5207 4TH AVENUE WEST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-7IP Addition TITLE □ Delete TITLE KEEFER DONNA NAME NAME 276 GARDENIA LANE STREET ADDRESS STREET ADDRESS BARRISH FL 34219 CITY - ST - ZIP CITY-ST-7IP VC ☐ Delete Addition NAME PADELFORD, BILL NAME 6115 11TH AVENUE WEST STREET ADDRESS STREET ADDRESS BRADENTON FL 34209 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change ☐ 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 Section 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 617, 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:

D NAME OF SIGNING OFFICER OF DIRECTOR

3/27/06 941-747-8726

FILED