

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 15, 2006  
Secretary of State**

DOCUMENT# 729570

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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MDD

02/15/2006

\_\_\_\_\_  
Date