2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#835035

Title:

Name:

Address:

City-St-Zip:

FILED Jan 19, 2006 Secretary of State

Entity Nam	ne: CHILDCRA	AFT EDUCATION CORP.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
2920 OLD TREE DRIVE LANCASTER, PA 17603 US			1156 FOUR STAR DRIVE MT. JOY, PA 17552 US				
Current Mailing Address:			New Maili	New Mailing Address:			
PO BOX 15 APPLETON	579 I, WI 54912	US					
FEI Number:	13-5619818	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Des	ired()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 SOUT	ORATION SYS TH PINE ISLANI DN, FL 33324						
The above in the State		bmits this statement for the pu	rpose of changing it	ts registered o	office or registered ager	nt, or both,	
SIGNATUR		0: 1 50			D :		
Election Cam		c Signature of Registered Agen Trust Fund Contribution ().	Ţ		Date		
	AND DIRECT	, ,	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () E SUCHODOLSKI, 2920 OLD TREE LANCASTER, PA	DRIVE	Title: Name: Address: City-St-Zip:	P (X SUCHODOLSK 1156 FOUR ST MT. JOY, PA 1	AR DRIVE		
Title: Name: Address: City-St-Zip:	AS () ERWIN, WILLIAN 2920 OLD TREE LANCASTER, PA	DRIVE	Title: Name: Address: City-St-Zip:	AS (X ERWIN, WILLI, 1156 FOUR ST MT. JOY, PA 1	AR DRIVE		
Title: Name: Address: City-St-Zip:	VPT () E KABACINSKI, MA W6316 DESIGN GREENVILLE, W	DRIVE	Title: Name: Address: City-St-Zip:	()) Change ()Addition		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARY M. KABACINSKI **VPT** 01/19/2006

() Delete

VANDERZANDEN, DAVID J

W6316 DESIGN DRIVE

GREENVILLE, WI 54942

() Change () Addition