

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90146 037 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |         |                                                                        |                                                                                                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000013261</b><br>1. Entity Name<br><b>MIND AND BODY CHILDREN'S ACADEMY, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |         |                                                                        |                                                                                                                                                                                                                                       |  |
| Principal Place of Business<br><b>2239 14TH STREET WEST<br/>BRADENTON FL 34205</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           |         | Mailing Address<br><b>2239 14TH STREET WEST<br/>BRADENTON FL 34205</b> |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |         | 3. Mailing Address<br>Suite, Apt. #, etc.                              |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |         | City & State                                                           |                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           | Country |                                                                        | Zip                                                                                                                                                                                                                                   |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           | Country |                                                                        | 4. FEI Number<br><b>20-2331497</b>                                                                                                                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |         |                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><b>ADAMS, GLORIA<br/>2239 14TH ST. WEST<br/>BRADENTON FL 34205</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |         |                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 is not applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |         |                                                                        |                                                                                                                                                                                                                                       |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |         |                                                                        |                                                                                                                                                                                                                                       |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |         | <b>10. ADDITIONS/CHANGES</b>                                           |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGRM<br/>ADAMS, GLORIA<br/>2239 14TH ST. W.<br/>BRADENTON FL 34205</b> <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGR<br/>ADAMS, EGAN<br/>2239 14TH ST. W.<br/>BRADENTON FL 34205</b> <input type="checkbox"/> Delete    |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                           |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                           |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                           |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                           |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                                                           |         |                                                                        |                                                                                                                                                                                                                                       |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |         |                                                                        |                                                                                                                                                                                                                                       |  |