


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

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90012 010 \*\*\*\*70.00

**DOCUMENT # N02000007543**

1. Entity Name  
**BLOOMING PLACE FOR KIDS, INC.**



Principal Place of Business      Mailing Address  
**1868 1/2 DREW STREET**      **1868 1/2 DREW STREET**  
**CLEARWATER FL 33765**      **CLEARWATER FL 33765**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For  
**06-1650452**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HORN, MARY JANICE Y**  
**1868 1/2 DREW STREET**  
**CLEARWATER FL 33765**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | HORN, MARY JANICE Y     |                                 |
| STREET ADDRESS | 1108 COMMODORE ST       |                                 |
| CITY-ST-ZIP    | CLEARWATER FL 33755     |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | HORN, JAMES C           |                                 |
| STREET ADDRESS | 1108 COMMODORE ST       |                                 |
| CITY-ST-ZIP    | CLEARWATER FL 33755     |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | NORTON, JEANNE          |                                 |
| STREET ADDRESS | 17622 PASTURE RD        |                                 |
| CITY-ST-ZIP    | ODESSA FL 33556         |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | STULL, LAUREN           |                                 |
| STREET ADDRESS | 1266 DINNERBELL LANE E. |                                 |
| CITY-ST-ZIP    | DUNEDIN FL 34698        |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                |   |
|----------------|----------------|---|
| TITLE          |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                |   |
| STREET ADDRESS |                |   |
| CITY-ST-ZIP    |                |   |
| TITLE          |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HORN, James C. |   |
| STREET ADDRESS | (Spelling)     |   |
| CITY-ST-ZIP    |                |   |
| TITLE          |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                |   |
| STREET ADDRESS |                |   |
| CITY-ST-ZIP    |                |   |
| TITLE          |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                |   |
| STREET ADDRESS |                |   |
| 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: *Mary Horn, Gen. Director 1/24/06 727-445-9482*