## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000001778

FILED Jan 16, 2006 Secretary of State

Entity Name: COLOMBIA CHILDCARE INTERNATIONAL, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** PO BOX 1757 NEW SMYRNA BEACH, FL 32170 **Current Mailing Address: New Mailing Address:** PO BOX 1757 NEW SMYRNA BEACH, FL 32170 FEI Number: 16-1630704 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JAEGER, CYNTHIA JAEGER, CYNTHIA 4360 CLÓVERCREST DR 4340 CLOVERCREST DR NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168 US US 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: 01/16/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition TAYLOR, DAVID TAYLOR, DAVID REV Name: Name: PO BOX 1757 Address: PO BOX 1757 Address: City-St-Zip: NEW SMYRNA BEACH, FL 32170 City-St-Zip: NEW SMYRNA BEACH, FL 32170 Title: Title: (X) Change ( ) Addition ( ) Delete JAEGER, CYNTHIA Name: JAEGER, CYNTHIA MRS Name: Address: PO BOX 1757 Address: PO BOX 1757 City-St-Zip: NEW SMYRNA BEACH, FL 32170 City-St-Zip: NEW SMYRNA BEACH, FL 32170 Title: () Delete Title: TD (X) Change ( ) Addition JAEGER, JOHN JAEGER, JOHN MR Name: Name: Address: PO BOX 11152 Address: PO BOX 11152 City-St-Zip: DAYTONA BEACH, FL 32120 City-St-Zip: DAYTONA BEACH, FL 32120 Title: VΡ () Delete Title: VPD (X) Change ( ) Addition SCONNELY, CARL MR Name: SCONNELY, CARL Name: 620 DOUGLAS AVE., STE 1312 Address: Address: 620 DOUGLAS AVE., STE 1312 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 Title: () Delete Title: ( ) Change (X) Addition WILLIS, DAVID DR Name: Name: 1403 HIGH GROVE WAY Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32818 Title: () Delete Title: ( ) Change (X) Addition WILLIS, JANICE MRS Name: Name: Address: Address: 1403 HIGH GROVE WAY ORLANDO, FL 32818 City-St-Zip: City-St-Zip:

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: CYNTHIA JAEGER SD 01/16/2006