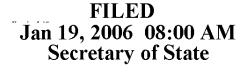
## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT DOCUMENT # N0400005803 1. Entity Name GULF COAST KINDERMUSIK EDUCATIORS ASSOCIATION, INC. Principal Place of Business 1191 EGLIN PARKWAY UNIT G SHALIMAR, FL 32579 Mailing Address 1191 EGLIN PARKWAY UNIT G SHALIMAR, FL 32579





## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

|--|--|

01162006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 20-1237476

Applied For Not Applicat

5. Certificate of Status Desired

\$8.75 Additional Fee Required

PERRI, DANIEL C 4 ELEVENTH AVENUE SUITE 1 SHALIMAR, FL 32579

## DO NOT WRITE IN THIS SPACE

|  |  |   |               | HIX                         | THIS SPACE  |
|--|--|---|---------------|-----------------------------|---|
| 8. The above<br>the obligat                    | named entity submits this statement for the pions of registered agent.                           | urpose of changing its registered                       | i office or i | egistered agent, or b       | oth, in the State of Florida. I am familiar with, and acc |
| SIGNATURE.                                     | Signature, typed or printed name of registered agent and title                                   | 4   | 4             | <u> </u>                    |   |
|  | Filing Fee is \$61.25<br>Due by May 1, 2006  | Selection Campaign Finance     Trust Fund Contribution. |               | \$5.00 May Be Added to Fees | DATE  |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP          | OFFICERS AND DIRECT<br>D SHALING, JENNYE<br>107 BOCA LAGOON DRIVE<br>PANAMA CITY BEACH, FL 32408 | CTORS   | 2             |                             |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | D<br>BURRITT, ELIZABETH<br>57 SIXTH AVENUE<br>SHALIMAR, FL 32579                                 |   |               |                             | 01/24/06-80032-021 61. <b>2</b> 5                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRYAN, SUSAN<br>62 CULPEPPER STREET<br>PENSACOLA, FL 32533                                  |   |               | DO                          | NOT WRITE   |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP          |  |   |               | IN                          | THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   |               |                             |   |
| TITLE NAME STREET ACCRESS                      |  |   |               |                             | <del>-</del>  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURF: gledeth Duridt

CITY-ST-ZIP

Date: 1/17/06

Daytime Phonett: