2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# N95000004850

Entity Name: SKILL DAY CENTER, INC.

Current Principal Place of Business:

1644 NW 18TH ST.
OCALA, FL 34475 US

New Principal Place of Business:

1700 NW 17TH AVENUE
OCALA, FL 34475 US

Current Mailing Address:

P O BOX 5625
OCALA, FL 34478 US

New Mailing Address:

P O BOX 5625
OCALA, FL 34475 US

FEI Number: 59-3343834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, CALVIN
2387 W HWY 316
CITRA, FL 32113 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	JONES, CALVIN	
Address:	2387 W HWY 316	
City-St-Zip:	CITRA, FL	
Title:	AD	( ) Delete
Name:	JONES, CATHERINE	
Address:	2387 W HWY 316	
City-St-Zip:	CITRA, L	
Title:	ST	( ) Delete
Name:	YOPP, CECELIA	
Address:	2387 W. HWY 316	
City-St-Zip:	CITRA, FL 32113	
Title:	BM	( ) Delete
Name:	JONES, JANET	
Address:	2009 SW 7TH STREET	
City-St-Zip:	OCALA, FL	
Title:	BM	( ) Delete
Name:	GOLDWEAR, EVELYN	
Address:	3 PECAN PASS COURSE	
City-St-Zip:	OCALA, FL 34472	
Title:	B	( ) Delete
Name:	JONES, CALVIS A	
Address:	2387 W HWY 316	
City-St-Zip:	CITRA, FL 32113	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: CALVIN JONES D 05/04/2006
Electronic Signature of Signing Officer or Director — Date