


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

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90037 013 ****61.25

DOCUMENT # N98000002502	
1. Entity Name PRECIOUS GEM LEARNING AND DAY CARE CENTER, INC.	

Principal Place of Business 803 E JEFFERSON ST QUINCY FL 32351	Mailing Address 803 E JEFFERSON ST QUINCY FL 32351
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State	City & State	4. FEI Number 59-3506963	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLA TRIBUE, NELSON 803 E JEFFERSON ST QUINCY FL 32351	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, ARTHUR 803 E JEFFERSON QUINCY FL 32351	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOWERS, HATTIE H 228 CHALK ST QUINCY FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, CLARENCE PO BOX 286 QUINCY FL 32353	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD TRIBUE-NELSON, WILLA 803 E. JEFFERSON STREET QUINCY FL 32351	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUMPTER, LEONA 820 W CRAWFORD STREET QUINCY FL 32351	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARSON, DARLENE 6244 FLATCREEK ROAD GREENSBORO FL	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 empowerments.

SIGNATURE: *Willa Tribue Nelson* 3/15/06