2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001795

635 W. 6TH ST.

RIVIERA, FL 33404

Address:

City-St-Zip:

FILED Mar 29, 2006 Secretary of State

Entity Nai	me: CHILDR	EN'S COLLEGE, INC.			
Current P	rincipal Plac	e of Business:	New Principal Place	of Business:	
635 W. 6T RIVIERA E	H ST. BEACH, FL 3:	3404			
Current M	lailing Addre	ess:	New Mailing Address	New Mailing Address:	
635 W. 6T RIVIERA E	HST. BEACH, FL 3:	3404			
FEI Number:	: 65-1003948	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
8628 DOV PALM BCh The above	, MEDIALEAN ER BROOK I H GARDEN, F named entity e of Florida.	DR. FL 33410 US	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RAIFORD, ME 8628 DOVER		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LITTLES, TOV 635 W. 6TH S RIVIERA, FL	т.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (KENTISH, CLI) Delete VF	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MEDIALEAN RAIFORD DIR 03/29/2006