

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004334

FILED
Apr 13, 2006
Secretary of State

Entity Name: LEARNING SOLUTIONS OF BAY COUNTY, INC.

Current Principal Place of Business:

1556 CHANDLEE AVE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

1556 CHANDLEE AVE
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-3592019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTSON, TERESA M
1556 CHANDLEE AVE
PANAMA CITY, FL 32405 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: MATTSON, TERESA M
Address: 1556 CHANDLEE AVE.
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: MATTSON, GWENDOLYN E
Address: 8707 JEFFREY ROAD
City-St-Zip: SOUTHPORT, FL 32409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MATTSON, CLIFFORD H
Address: 333 GRAY AVE
City-St-Zip: PANAMA CITY, FL 32401

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: TERESA M. MATTSON

PRES

04/13/2006

Electronic Signature of Signing Officer or Director

Date