


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
 06 FEB 13 AM 10:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000010749
 1. Entity Name
 B & G DAY CARE & KINDERGARTEN, INC.



Principal Place of Business Mailing Address
 14419 DR. MARTIN LUTHER KING BLVD. 14419 DR. MARTIN LUTHER KING BLVD.
 DOVER, FL 33527 DOVER, FL 33527

DO NOT WRITE IN THIS SPACE



01142006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3629425 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WRIGHT, NAOMI J
 14419 DR. MARTIN LUTHER KING BLVD.
 DOVER, FL 33527

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WRIGHT, NAOMI J
STREET ADDRESS	14419 DR. MARTIN LUTHER KING BLVD.
CITY - ST - ZIP	DOVER, FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

200066126992
 02/17/06--01014--001 **150.00

DO NOT WRITE IN THIS SPACE

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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 empowered.

SIGNATURE: Naomi J. Wright - Naomi J Wright 1-27-06 813-659-0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

J. Roberts FEB 13 2006