2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P00000084938

Entity Name: BUBBLES POND DAYCARE, INC.

Current Principal Place of Business:

3423-3501 N. PINE HILLS RD.
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

3423-3501 N. PINE HILLS RD.
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-3672689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREW, SELINA
3423-3501 N. PINE HILLS RD.
ORLANDO, FL 32808 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BREW, SELINA
Address: 3423-3501 N. PINE HILLS RD.
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition
Name: BREW, KEK
Address: 3423-3501 N. PINE HILLS RD.
City-St-Zip: ORLANDO, FL 32808

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SELINA BREW P 04/28/2006

Electronic Signature of Signing Officer or Director — Date