

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080490

FILED  
Mar 21, 2006  
Secretary of State

Entity Name: TWINKLE TOES EARLY LEARNING CENTER, INC.

## Current Principal Place of Business:

399 N. ORANGE AVE.  
ORANGE CITY, FL 32763

## New Principal Place of Business:

## Current Mailing Address:

399 N. ORANGE AVE.  
ORANGE CITY, FL 32763

## New Mailing Address:

FEI Number: 59-3738036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WELLMAKER, KATHY  
399 N ORANGE  
ORANGE CITY, FL 32763 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: D ( ) Delete  
Name: WELLMAKER, KATHY  
Address: 399 N. ORANGE AVE.  
City-St-Zip: ORANGE CITY, FL 32763

Title: S ( ) Delete  
Name: HELLER, FRED  
Address: 329 PLANTATION CLUB DR.  
City-St-Zip: DEBARY, FL 32713

Title: T ( ) Delete  
Name: SUGGS, JACKIE  
Address: 1821 S. HOUSTON DR.  
City-St-Zip: DELTONA, FL 32738

Title: S ( ) Delete  
Name: WELLMAKER, KATHY  
Address: 329 PLANTATION CLUB DR  
City-St-Zip: DEBARY, FL 32713

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WELLMAKER, KATHY  
Address: 399 N. ORANGE AVE.  
City-St-Zip: ORANGE CITY, FL 32763

Title: S (X) Change ( ) Addition  
Name: HELLER, FRED  
Address: 2441 INDIA  
City-St-Zip: DELTONA, FL 32738

Title: T (X) Change ( ) Addition  
Name: SUGGS, JACKIE  
Address: 528 E. UNIVERSITY  
City-St-Zip: ORANGE CITY, FL 32763

Title: S (X) Change ( ) Addition  
Name: WELLMAKER, KATHY  
Address: 2441 INDIA  
City-St-Zip: DELTONA, FL 32738

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: KATHY WELLMAKER

P

03/21/2006

Electronic Signature of Signing Officer or Director

Date