2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000040739

1. Entity Name
QUALITY LEARNING CHILDCARE, INC.

Principal Place of Business	Mailing Address
1123 SCHOOL AVENUE PANAMA CITY, FL 32401-5047	1123 SCHOOL AVENUE PANAMA CITY, FL 32401-5047

DO NOT WRITE IN THIS SPACE

14015457

04282005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
04-3679516	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

JAMES-ROBINSON, CASSONDRA L
309 REYNOLDS ROAD
QUINCY, FL 32351

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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 *Cassondra L James-Robinson*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   **4/29/2005** DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN MCGHEE, ERICA D
STREET ADDRESS	1123 SCHOOL AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 324015047

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Erica D Brown-McGhee*   4/29/2005   (850)819-6249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #