

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064301

FILED
Jan 12, 2006
Secretary of State

Entity Name: MISS KATHY'S EARLY LEARNING CENTER, INC.

Current Principal Place of Business:

2275 EAST JOHNSON AVE
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

2275 EAST JOHNSON AVE
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 02-0604544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERWIN, KATHLEEN L
1980 WINNERS CIRCLE
CANTONMENT, FL 32533 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: DOP () Delete
Name: SHERWIN, KATHLEEN L
Address: 1980 WINNERS CR
City-St-Zip: CANTONMENT, FL 32533

Title: OVP () Delete
Name: SHERWIN, PAUL
Address: 1980 WINNERS CR
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: OVP (X) Change () Addition
Name: SHERWIN, PAUL H
Address: 1980 WINNERS CR
City-St-Zip: CANTONMENT, FL 32533

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: PAUL H. SHERWIN

OVP

01/12/2006

Electronic Signature of Signing Officer or Director

_____ Date