


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000074409 1. Entity Name THE FROG POND CENTER FOR LEARNING, INC.		
Principal Place of Business 4606 S. CLYDE MORRIS 1-E PORT ORANGE, FL 32129	Mailing Address 4606 S. CLYDE MORRIS 1-E PORT ORANGE, FL 32129	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HOUGHAM, POLLIDIA 713 PELICAN BAY DR. DAYTONA BEACH, FL 32119		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOUGHAM, POLLIDIA 713 PELICAN BAY DR. DAYTONA BEACH, FL 32119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOUGHAM, DAVE 713 PELICAN BAY DR. DAYTONA BEACH, FL 32119	
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 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: <u><i>David Hougham</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-15-06 386 322 3765 <small>Date Daytime Phone #</small>



04152006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4255334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/02/06-80043-017 150.00

**DO NOT WRITE
IN THIS SPACE**