

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000045601

1. Entity Name
THE GOLDEN EAGLE CHILD DEVELOPMENT CENTER
INC.



Principal Place of Business
820 KAUFMAN AVE.
FORT PIERCE, FL 34950 US

Mailing Address
820 KAUFMAN AVE.
FORT PIERCE, FL 34950 US

DO NOT WRITE IN THIS SPACE



07182006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1071552	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SOLOMON, LEZLENE
820 KAUFMAN AVE.
FORT PIERCE, FL 34950

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME SOLOMON, LEZLENE
STREET ADDRESS 820 KAUFMAN AVE.
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE D
NAME SOLOMON, AUBREY
STREET ADDRESS 820 KAUFMAN AVE.
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Lezlene Solomon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/2006
Daytime Phone #