Sent By: American Accounting Service; 941-748 7626; Ma

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Mar 08, 2006 8:00 am
Secretary of State
03-08-2006 90187 043 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000105312

1. Entity Name
D.C.'S CHILDCARE CENTER, INC.

50001382

03062006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
357 6TH AVE W BRADENTON, FL 34205	357 6TH AVE W BRADENTON, FL 34205
2. Principal Place of Business: 708 32nd Ave E.	3. Mailing Address: P. O. Box 1648
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL.	City & State: Oneco, FL.
Zip: 34208 Country: USA	Zip: 34264 Country: USA

4. FEI Number: 20-1382663 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CRADDOCK, DEVATTA
357 6TH AVE W
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City — **FL** — Zip Code

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRADDOCK, DEVATTA 708 32ND AVE E BRADENTON, FL 34208	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Devatta Craddock 3/6/06 941 745-3538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #