## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000156883

FILED Apr 24, 2006 Secretary of State

Entity Name: AS WE GROW PRESCHOOL & EARLY LEARNING CENTER, INC

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NON ROAD WILLE, FL 32:	204	5152 VERNON ROAI JACKSONVILLE, FL		
Current Mailing Address:			New Mailing Addres	New Mailing Address: 5152 VERNON RD JACKSONVILLE, FL 32209	
P O BOX 9053 JACKSONVILLE, FL 32208					
FEI Number	: 11-3735194	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
	NT ST IVILLE, FL 32:				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
SIGNATU		nic Signature of Registered Age	ent	Date	
	Electro	nic Signature of Registered Age	ent	Date	
Election Ca	Electro	g Trust Fund Contribution ( ).		Date  BES TO OFFICERS AND DIRECTORS	
Election Car DFFICER Title: Name: Address:	Electron mpaign Financin S AND DIREC	g Trust Fund Contribution ( ).  TORS:  Delete			
Election Ca	Electron  mpaign Financin  S AND DIRECT  P ( SANKS, ABBIE 5603 ORANT S JACKSONVILL	g Trust Fund Contribution ( ).  ETORS:  ) Delete  ETORS:  CTORS:  ) Delete  ETORS:  Delete  EY JR  ETORS:	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTOR	
Election Cal DFFICER Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	Electron  mpaign Financin  S AND DIRECT  P ( SANKS, ABBIE 5603 ORANT S JACKSONVILL  V ( SANKS, WESL 5603 ORANT S JACKSONVILL	g Trust Fund Contribution ( ).  CTORS:  ) Delete  E, FL 32208  ) Delete  EY JR  ST  E, FL 32208  ) Delete  CUS  ST	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	

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: ABBIE SANKS P 04/24/2006