

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018542

FILED
Sep 07, 2006
Secretary of State

Entity Name: DOORS TO DISCOVERY CHILD DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

12297 SW 257 TERR
HOMESTEAD, FL 33032

New Principal Place of Business:

Current Mailing Address:

12297 SW 257 TERR
HOMESTEAD, FL 33032

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THOMAS, DOROTHY
12297 SW 257 TERR
HOMESTEAD, FL 33032 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMAS, DOROTHY
Address: 12297 SW 257 TERR
City-St-Zip: HOMESTEAD, FL 33032

Title: P () Delete
Name: THOMAS, WALTER
Address: 12297 SW 257 TERR
City-St-Zip: HOMESTEAD, FL 33032

Title: D () Delete
Name: BERRY, ROSALYN
Address: 10731 SW 152 STREET
City-St-Zip: MIAMI, FL 33157

Title: S (X) Delete
Name: SIMMONS, BELINDA
Address: 13610 MONROE STREET
City-St-Zip: MIAMI, FL 33176

Title: D (X) Delete
Name: DAVIS, TIASHANA
Address: 19510 SW 117 AVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: BERRY, ROSALYN
Address: 10731 SW 152 STREET
City-St-Zip: MIAMI, FL 33157

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

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

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: DOROTHY THOMAS

D

09/07/2006

Electronic Signature of Signing Officer or Director

_____ Date