

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000027345

FILED
Jun 14, 2006
Secretary of State

Entity Name: EXTENDED CHILD CARE SERVICES INC.

Current Principal Place of Business:

1021 SE 15TH STREET
GAINESVILLE, FL 32614

New Principal Place of Business:

3125 NW 46 PL
GAINESVILLE, FL 32605

Current Mailing Address:

19 SE 49TH DRIVE
GAINESVILLE, FL 32614

New Mailing Address:

1101 ESPLANADE AVE. TRAILER 8
NEW ORLEANS, LA 70116

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

Name and Address of Current Registered Agent:

STATEN, ALKEENA
13721 NW 137TH PLACE
ALACHUA, FL 32615 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: P () Delete
Name: MILES, HAROLD
Address: 3175 WENTWORTH ST
City-St-Zip: NORTH PORT, FL 34288

Title: V () Delete
Name: ROLLINS, FRANCES
Address: 5401 SW 62ND AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: S () Delete
Name: BURKETT, AARON
Address: 10958 HORSETRACK DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: T () Delete
Name: BURKETT, BEVERLY
Address: 10958 HORSETRACK DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: HAROLD E. MILES

PRES

06/14/2006

Electronic Signature of Signing Officer or Director

Date