


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90105 015 ***158.75

DOCUMENT # P05000029774

1. Entity Name
 TINY TYKES EARLY LEARNING CENTER, INC.



Principal Place of Business
 5824 CHERRY STREET LOT 41
 CALLAWAY, FL 32404

Mailing Address
 5824 CHERRY STREET LOT 41
 CALLAWAY, FL 32404

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01192006 Chg-P CR2E034 (11/05)

4. FEI Number
 84-1672788

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FLORIDA INCORPORATORS INC
 8875 HIDDEN RIVER PARKWAY SUITE 300
 TAMPA, FL 33637-2087

7. Name and Address of New Registered Agent
 Name
 JOHN A. FRANZ
 Street Address (P.O. Box Number is Not Acceptable)
 12918 MOCKINGBIRD LANE
 City FOUNTAIN FL Zip Code 32438

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: John A. Franz, V/A/D DATE: 1-20-2006

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RAINWATER-FRANZ, RHONDA J	
STREET ADDRESS	12918 MOCKINGBIRD LANE	
CITY-ST-ZIP	FOUNTAIN, FL 32438	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANZ, JOHN A	
STREET ADDRESS	12918 MOCKINGBIRD LANE	
CITY-ST-ZIP	FOUNTAIN, FL 32438	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINWATER-FRANZ, RHONDA J	
STREET ADDRESS	12918 MOCKINGBIRD LANE	
CITY-ST-ZIP	FOUNTAIN, FL 32438	
TITLE	V/T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANZ, JOHN A	
STREET ADDRESS	12918 MOCKINGBIRD LANE	
CITY-ST-ZIP	FOUNTAIN, FL 32438	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: John A. Franz, V/A/D DATE: 1-20-2006 DAYTIME PHONE #: 850-770-9991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR