

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 SEP 15 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P05000084401					
1. Entity Name CHILD UNIQUE ACADEMY INC					
Principal Place of Business 4344 PINNACLE ST PORT CHARLOTTE, FL 33980			Mailing Address 4344 PINNACLE ST PORT CHARLOTTE, FL 33980		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	09012006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-2980360				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEMERSON, GABRIELLA D 1329 MARJORIE LANE NORTH PORT, FL 34286			Name <u>TinaRae Gregoire</u> Street Address (P.O. Box Number is Not Acceptable) <u>3200 Alessio Ave.</u> City <u>North Port</u> FL <u>34286</u>		
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 <u>TinaRae Gregoire</u> <u>TinaRae Gregoire</u> <u>9/12/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEMERSON, GABRIELLA		NAME		
STREET ADDRESS	1329 MARJORIE LANE		STREET ADDRESS	000080038570	
CITY-ST-ZIP	NORTH PORT, FL 34286		CITY-ST-ZIP	09/21/06--01052--012 **61.75	
TITLE		<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	TinaRae Gregoire	
STREET ADDRESS			STREET ADDRESS	3200 Alessio Ave.	
CITY-ST-ZIP			CITY-ST-ZIP	North Port FL 34286	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>TinaRae Gregoire, President</u>		Date: <u>9/12/07</u>		Daytime Phone #: <u>9416283323</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	