

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 24, 2006 8:00 am
Secretary of State**

04-24-2006 90432 029 ***150.00

DOCUMENT # P05000114802		
1. Entity Name ON THE GO LAYUP CARE INC		

Principal Place of Business 2289 ELDORADO CT. ST. CLOUD, FL 34771 US	Mailing Address 2289 ELDORADO CT. ST. CLOUD, FL 34771 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FORD, CHRISTINE M 2289 ELDORADO CT. ST. CLOUD, FL 34771		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
4. FEI Number LO 3318568 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	P/V FORD, CHRISTINE M 2289 ELDORADO CT. ST. CLOUD, FL 34771	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Christine m ford* 3/25/06 321 948 8116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #