

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158917

FILED  
May 01, 2006  
Secretary of State

Entity Name: CRIBS 2 CRAYONS LEARNING CENTER INC.

**Current Principal Place of Business:**

9622 SW 33RD LANE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

9622 SW 33RD LANE  
GAINESVILLE, FL 32608

**New Mailing Address:**

PO BOX 140985  
GAINESVILLE, FL 326140985 US

FEI Number: 20-3880105      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CUMMINGS, HENDRIETTA W  
4013 NW 12TH TERRACE  
GAINESVILLE, FL 32608 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: STRONG, YOLONDA P  
Address: 9622 SW 33RD LANE  
City-St-Zip: GAINESVILLE, FL 32608

Title: VP ( ) Delete  
Name: CUMMINGS, HENDRIETTA W  
Address: 4013 NW 12TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32609

Title: TR ( ) Delete  
Name: ANTHONY, TANISHA  
Address: 9622 SW 33RD LANE  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TR (X) Change ( ) Addition  
Name: WELCOME, FAYLENE D  
Address: 9622 SW 33RD LANE  
City-St-Zip: GAINESVILLE, FL 32608 US

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: YOLONDA P STRONG

P

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date