2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000033992

Address:

2261 ZUYDER TERRACE

City-St-Zip: NORTH PORT, FL 34286

Entity Name: THE GROWING TREE CHILDREN'S ACADEMY, INC.

FILED Apr 19, 2009 Secretary of State

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Current Principal Place of Business:			New Principal	New Principal Place of Business:	
530 TAMIAMI TRAIL PORT CHARLOTTE, FL 33954				530 TAMIAMI TRAIL PORT CHARLOTTE, FL 33953	
Current Mailing Address:			New Mailing A	New Mailing Address:	
530 TAMIAMI TRAIL PORT CHARLOTTE, FL 33954				530 TAMIAMI TRAIL PORT CHARLOTTE, FL 33953	
FEI Number	: 26-2311714	FEI Number Applied For()	FEI Number Not Applicable	() Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
TUCCILLO, TRAVIS W 1245 US HIGHWAY 41 BYPASS SOUTH VENICE, FL 34285 US			TUCCILLO, TRA 530 TAMIAMI TI PORT CHARLO	RAIL	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its reg	istered office or registered agent, or both,	
SIGNATURE: TRAVIS W. TUCCILLO				04/19/2009	
	Electron	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (HODGSON, KA 3864 WOODBI NORTH PORT,	RIDGE AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (JOHNSON, SH. 2261 ZUYDER NORTH PORT,	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TUCCILLO, TR	WAY 41 BYPASS SOUTH	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	SEC (JOHNSON, JOI 2790 SIESTA I VENICE, FL 3	DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	TRES (JOHNSON, SO) Delete NYA L	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: TRAVIS W. TUCCILLO CFO 04/19/2009