## 2006 FOR PROFIT CORPORATION

## **FILED** Mar 17, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P94000053479** 1. Entity Name TINY TIKES ACADEMY OF BOYNTON BEACH, INC. Principal Place of Business Mailing Address 393 MINER ROAD 393 MINER ROAD BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435 US 02132006 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0505800 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RICHARDSON, KEVIN F ESQ. DO NOT WRITE 1551 FORUM PLACE STE. 300-C WEST PALM BEACH, FL 33401 IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing its registe	red office or registered agent	i, or both, in the State of Florida.	I am familiar with,	end accept
	the obligations of registered agent.	3			

(NOTE, Registered Agent signature required when reinstation)

FILE NOW!!! FEE 18 \$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

<del>UDDDDDC472375</del> 03/29/06-80034-007 158.75

Applied For

Not Applicable

OFFICERS AND DIRECTORS 10. DD F

Signature, typed or printed name of registered agent and title if applicable.

DORMINEY, MARK NAME STREET ADDRESS **1628 GRANTHAM DRIVE** CITY-ST-ZIP WELLINGTON, FL 33414

TITLE NAME

RICHARDSON, KEVIN F STREET ADDRESS 1551 FORUM PLACE STE, 300-C

CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NASAT STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under outlit, 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:

SIGNATURE AND TYPED ON FRINTED NAME OF SIGNING OFFICER OR DIRECTOR