
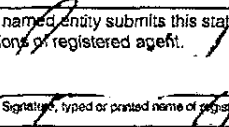
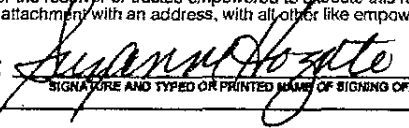


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # P96000081318		
1. Entity Name TWO BY TWO PRESCHOOL, INC.		
Principal Place of Business 105 NE 1ST AVENUE WILLISTON, FL 32696		Mailing Address 105 NE 1ST AVENUE WILLISTON, FL 32696
DO NOT WRITE IN THIS SPACE		
		04202006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3404118		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		
SHARON C. BRANNAN, CPA PA 118 NE 6TH AVE WILLISTON, FL 32696		DO NOT WRITE IN THIS SPACE
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:  (NOTE: Registered Agent signature required when reappointing) 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGATE, SUZANNE 219 SE 3RD AVE WILLISTON, FL 32696	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOGATE, ROY E 219 SE 3RD AVE WILLISTON, FL 32696	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STARNES, ROBIN PO BOX 186 BRONSON, FL 32	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/21/06 Date Daytime Phone #