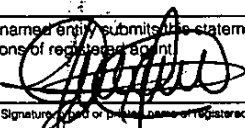
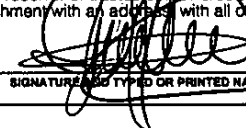


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90275 046 ***150.00

DOCUMENT # P97000071439 1. Entity Name MY FIRST STEPS OF BRADENTON INC.					
Principal Place of Business 3815 26 ST. WEST BRADENTON, FL 34205			Mailing Address 3815 26 ST. WEST BRADENTON, FL 34205		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0774156	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PONCE, MARIA 4226 52ND PLACE WEST N-205 BRADENTON, FL 34210				7. Name and Address of New Registered Agent Name Carina A. Lucas Street Address (P.O. Box Number is Not Acceptable) 4407 57th St. West City Bradenton FL Zip Code 34210	
8. The above named entity submits the 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  Carina A. Lucas (President) 1-10-2006 Signature of individual or business name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCAS, CARINA A 4407 57TH AVENUE WEST BRADENTON, FL 34210	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREIRE, FELIPA 4845 14 AVE EAST BRADENTON, FL 34208	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PONCE, CRISTINA 1904 38 ST WEST BRADENTON, FL 34205	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PONCE, MARIA 1904 38 ST WEST BRADENTON, FL 34205	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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:  1-10-2006 (941) 727-5511 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					