

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000097694

FILED
Mar 29, 2006
Secretary of State

Entity Name: BEST ACADEMY CHILD DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

650 W. MAIN STREET
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

650 W. MAIN STREET
BARTOW, FL 33830

New Mailing Address:

214 ATHERSTONE CT
LONGWOOD, FL 32779

FEI Number: 20-4313066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURPHY, FREDERICK J JR
245 SO CENTRAL AVE
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

CARRAZANA, MADLYN
214 ATHERSTONE CT.
LONGWOOD, FL 32779 US

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: MADLYN CARRAZANA

03/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: JOHNSON, RUTH W
Address: 650 W MAIN ST
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: JOHNSON, RUTH W
Address: 650 W MAIN ST
City-St-Zip: BARTOW, FL 33830

Title: D (X) Delete
Name: MEEKS, CARLA J
Address: 875 EAST HOOKER STREET
City-St-Zip: BARTOW, FL 33830

Title: V (X) Delete
Name: MEEKS, CARLA J
Address: 875 EAST HOOKER STREET
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: CARRAZANA, MADLYN
Address: 214 ATHERSTONE CT.
City-St-Zip: LONGWOOD, FL 32779

Title: VST (X) Change () Addition
Name: CARRAZANA, GEORGE J
Address: 214 ATHERSTONE CT.
City-St-Zip: LONGWOOD, FL 32779

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

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

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: MADLYN CARRAZANA

P

03/29/2006

Electronic Signature of Signing Officer or Director

Date