

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90005 002 ***150.00

DOCUMENT # P98000038134 1. Entity Name ANGELS AT PLAY LEARNING CENTER, INC.					
Principal Place of Business 2001 62ND AVE SOUTH ST. PETERSBURG, FL 33712			Mailing Address 2001 62ND AVE SOUTH ST. PETERSBURG, FL 33712-X		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3515359				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEGRON, RAMONITA 2001 62ND AVE SOUTH SAINT PETERSBURG, FL 33712			7. Name and Address of New Registered Agent Name Ramonita Lauks Street Address (P.O. Box Number is Not Acceptable) 2001 62nd Ave South City St Pete FL Zip Code 33712		
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 <i>Ramonita Lauks</i> DATE 2/27/06 Signature, typed or printed 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 NEGRON, RAMONITA 20001 62ND AVE SOUTH ST. PETERSBURG, FL 33705	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner Ramonita Lauks 2001 62 Ave South St Petersburg FL 33712	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEGRON, RAMONITA V 2001 62ND AVE SOUTH ST. PETERSBURG, FL 33712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Ramonita Lauks</i>			Date 2/27/06 Daytime Phone # 864-9664		