


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000083564  
 1. Entity Name  
**WITH LOVING CARE LEARNING CENTER, INCORPORATED**



Principal Place of Business      Mailing Address  
**4743 RALEIGH ST**                      **4743 RALEIGH ST**  
**ORLANDO, FL 32811**                      **ORLANDO, FL 32811**



01312006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-3530907</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

6. Name and Address of Current Registered Agent  
**ACREE, CHARLOTTE**  
**4743 RALEIGH ST.**  
**ORLANDO, FL 32811**

**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 Charlotte Acree/Charlotte Acree      1/31/06  
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

00000418342  
 02/14/06-00004-006 150.00

10. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | D                   |
| NAME           | ACREE, CHARLOTTE    |
| STREET ADDRESS | 4743 RALEIGH STREET |
| CITY-ST-ZIP    | ORLANDO, FL 32811   |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

**DO NOT WRITE IN THIS SPACE**

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: Charlotte Acree/Charlotte Acree      1/31/06      407      5782548  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #