


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000090154	
1. Entity Name GROWING ROOM LEARNING CENTER, INC.	

Principal Place of Business 2470 CURLEW ROAD CLEARWATER, FL 33761-1025	Mailing Address 2470 CURLEW ROAD CLEARWATER, FL 33761-1025
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DO NOT WRITE IN THIS SPACE



03272008 No Chg-P CR2E034 (11/05)

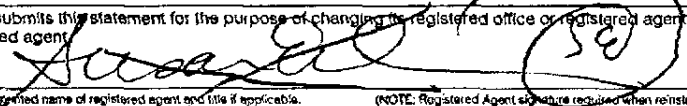
4. FEI Number 59-3547024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JORGE, LINDA E
442 WEST KENNEDY BOULEVARD
SUITE 340
TAMPA, FL 33606**

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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 reinstating)

DATE: **3/27/06**

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
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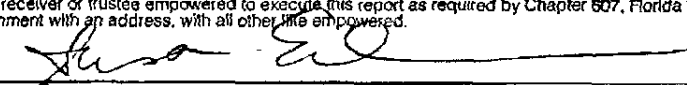
10. OFFICERS AND DIRECTORS

TITLE P	ENLOW, SUSAN
NAME	
STREET ADDRESS	2470 CURLEW RD.
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE VP	GABBARD, TRACY
NAME	
STREET ADDRESS	2470 CURLEW RD.
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000486232
04/13/06-80029-013 150.00

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 life empowered.

SIGNATURE:  **3/27/06** (727) 789 4769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #