

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000031040

1. Entity Name

ADVENTURES IN EARLY LEARNING PRE-SCHOOL, INC.



Principal Place of Business

**412 SW 12TH STREET
DEERFIELD BEACH, FL 33441**

Mailing Address

**688 LOCK ROAD
DEERFIELD BEACH, FL 33442**



04202006 No Chg-P CRZE034 (11/05)

4. FEI Number

65-0908810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCDONALD, SUEZENETTE
688 LOCK ROAD
DEERFIELD BEACH, FL 33442**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	PD
NAME	MCDONALD, SUEZENETTE
STREET ADDRESS	688 LOCK ROAD
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	VD
NAME	GORDON, SONYA
STREET ADDRESS	631 SW 11TH ST.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	SD
NAME	RUSSELL, BELVA
STREET ADDRESS	631 SW 11TH ST.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/06-80106-021 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/06 954-673-3039

Date

Daytime Phone #