


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000036341 1. Entity Name HIGHSMITH EARLY CHILDHOOD LEARNING CENTER, INC.	
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Principal Place of Business 1322 FAIRBANKS STREET LAKELAND, FL 33805	Mailing Address 1322 FAIRBANKS STREET LAKELAND, FL 33805
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DO NOT WRITE IN THIS SPACE



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3574904	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HIGHSMITH, DEIDRE L 1322 FAIRBANKS STREET LAKELAND, FL 33805

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and this if applicable

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 NAME STREET ADDRESS CITY - ST - ZIP	PCEO HIGHSMITH, DEIDRE L 1322 FAIRBANKS STREET LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/19/06-80008-023 150.00

**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: Deidre L. Highsmith 4/19/06 863-327-6118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #