2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)					FILED Apr 10, 2006 8:00 am	
DOCUMENT # P99000038144						Apr 10, 2006 8:00 am Secretary of State
ADVENTURE BAY EARLY LEARNING CENTER OF MIRAMAR, INC.				THE PARTY	04-10-2006 90309 026 ***150.00	
Principal Place of	Business	Mailing Address				
10950 PEMBOK MIRAMAR FL 3		4400 W. SAMPLE RD #116 POMPANO BEACH FL 33073				
2. Principal Place	e of Business	3. Mailing Address				
Suite, Apt. #, e	DIC.	Suite, Apt. #, etc.				1st MOORE CR2E034 (10/05)
City & State		City & State			4. FEI Number 65-0918801 Applied For Not Applicable	
Zip	Country	Zip	Count			5. Certificate of Status Desired Fee Required
GREEN 4400 V 116	6. Name and Address of Current N, LENORE S N. SAMPLE RD NUT CREEK FL 33023			Street Ac	inte	P.O. Box Number is Not Acceptable) $\omega$ , Sample Road 116
B. 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 life if applicable (NOTE: Registered Agent signature required when reinstaling) DATE						
FILE NOW!!! FEE IS \$150.00       9. Election Campaign Financing       \$5.00 May         After May 1, 2006 Fee Will Be \$550.00       Trust Fund Contribution.       Added to Feet         Make Check Payable to Florida Department of State       Added to Feet       Added to Feet						
10.	OFFICERS AND DIRECTORS 11.			~~~	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
STREET ADDRESS 10	) REEN, LENORE S 1141 CLEARY BLVD. ANTATION FL 33324	Delete	-		PD Gre 440 500	en, Lenore S Q Change □ Addition to w, SAMPLE RD ONUT CREEK, F/ 33073
STREET ADDRESS 10	) DLD, CHERYL 950 PEMBROKE ROAD RAMAR FL 33025	Delete	NAM STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		H, Cheryl Sv penbrokc Road , ramar, Fl 33025
STREET ADDRESS 10	) ALLAS, KAREN 1950 PEMBROKE ROAD IRAMAR FL 33025	Delete				Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete				🗋 Change 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete				🗌 Change 📋 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete				Change 🗌 Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date						