

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093167

FILED
Jul 10, 2006
Secretary of State

Entity Name: BRIGHT IDEAS LEARNING CENTER, INC.

Current Principal Place of Business:

810 N. CENTRAL AVE.
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

810 N. CENTRAL AVE.
UMATILLA, FL 32784

New Mailing Address:

FEI Number: 59-3604573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRINSTEAD, BARBARA
23870 SE HWY 42 (P.O. BOX 1305)
ALTOONA, FL 32702 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BELL, OUITA L
Address: 29760 DEMKO RD.
City-St-Zip: ALTOONA, FL 32702

Title: P () Delete
Name: GRINSTEAD, BARBARA L
Address: 23870 SE HWY 42
City-St-Zip: ALTOONA, FL 32702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA GRINSTEAD

P

07/10/2006

Electronic Signature of Signing Officer or Director

Date