2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 Al DOCUMENT # P99000105527 **Secretary of State** HAND 'N HAND CHRISTIAN CHILD CARE CENTER, INC. Principal Place of Business Mailing Address 1936 N.W. 6TH STREET 1936 N.W. 6TH STREET GAINESVILLE, FL 32601 GAINESVILLE, FL 32601 04272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3615917 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, REX DO NOT WRITE 1936 N.W. 6TH STREET GAINESVILLE, FL 32601 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 \$5.00 May Be 1100000554107 Trust Fund Contribution. Added to Fees 05/15/06-80080-003 158.75 OFFICERS AND DIRECTORS 10. n TIRE MILLER, REX A NAME POST OFFICE BOX 608 N/A STREET ADDRESS CITY-ST-ZIP ARCHER, FL 32618 TIME D NAME MILLER, DONNA S POST OFFICE BOX 608 N/A STREET ADDRESS CITY-ST-ZIP ARCHER, FL 32618 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-70P IN THIS SPACE me NAME STREET ADDRESS CITY-ST-ZIP IDLE NAME STREET ADDRESS CITY-ST-ZIP MAE

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:

NAME STREET ADDRESS CITY-ST-ZIP

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4/27/06 (352) 335-9622 Dayline Phone 6