2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# 735843

Entity Name: R'CLUB CHILD CARE, INC.

Current Principal Place of Business:

4140 49TH ST N
ST PETERSBURG, FL 337095736

New Principal Place of Business:

Current Mailing Address:

4140 49TH ST N
ST PETERSBURG, FL 337095736

New Mailing Address:

FEI Number: 59-1704870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORIARTY, THOMAS
8550 ULMERTON RD SUITE 101
LARGO, FL 33771 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

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: MARTINO, LEE R
Address: 400 N. TAMPA ST, STE. 2500
City-St-Zip: TAMPA, FL 33062

Title: VP/D ( ) Delete
Name: CLARK, JANET
Address: 836 5TH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: T/D ( ) Delete
Name: WALTERS, DOUG
Address: 701 6TH ST. SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S/D ( ) Delete
Name: RUPPEL, DENNIS
Address: 911 CHESTNUT ST.
City-St-Zip: CLEARWATER, FL 33756

Title: PPD ( ) Delete
Name: MORIARTY, THOMAS
Address: 8500 ULMERTON RD, STE. 101
City-St-Zip: LARGO, FL 33771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE MAXWELL MS. 01/21/2009

Electronic Signature of Signing Officer or Director — Date