2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007
Secretary of State

DOCUMENT# N95000005261

Entity Name: LABELLE PROGRAM CENTER, INC.

Current Principal Place of Business:

SOUTH 29
LABELLE, FL 33975

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 214
LABELLE, FL 33975

New Mailing Address:

FEI Number: 65-0623642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BEDINGFIELD, PAT
330 BELMONT STREET
LABELLE, FL 33935 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: BEDINGFIELD, PATRICIA
Address: 330 BELMONT STREET
City-St-Zip: LABELLE, FL 33935

Title: S\D ( ) Delete
Name: MILLER, SHARON
Address: 120 BELMONT ST
City-St-Zip: LABELLE, FL 33935

Title: T\D ( ) Delete
Name: BASQUIN, DAVID A
Address: 135 COTTAGE STREET
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T\D (X) Change ( ) Addition
Name: BASQUIN, DAVID A
Address: 62190 FRONTIER CIRCLE SW
City-St-Zip: LABELLE, FL 33935

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: PAT BEDINGFIELD PRES 05/16/2007

Electronic Signature of Signing Officer or Director — Date