2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

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Entity Name: JENNINGS' APPLIED BEHAVIOR & COGNITIVE CENTER, INC.

Current Principal Place of Business:

PROFESSIONAL CENTER
1275 SOUTH PATRICK DR, SUITE-C
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

PROFESSIONAL CENTER
1275 SOUTH PATRICK DR, SUITE-C
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 13-4280729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENNINGS, SUSAN M ED.D.
215 VILLA DEL MAR WAY
SATELLITE BEACH, FL 32937 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JENNINGS, SUSAN M ED.D.
Address: 215 VILLA DEL MAR WAY
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T ( ) Delete
Name: LING, SIRJIE
Address: 316 BURKLEY ST
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S ( ) Delete
Name: CLINEHARD, SUNA
Address: 445 DOVE LANE
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: LING, SIRJU
Address: 316 BURKLEY ST
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S (X) Change ( ) Addition
Name: CLINCHARD, SUNA
Address: 445 DOVE LANE
City-St-Zip: SATELLITE BEACH, FL 32937

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

SIGNATURE: SUSAN JENNINGS MS. 01/07/2009

Electronic Signature of Signing Officer or Director — Date