2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# N94000003505

Entity Name: CHILDCARE RESOURCES OF INDIAN RIVER, INC.

Current Principal Place of Business:

1801 24TH STREET
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

1801 24TH STREET
VERO BEACH, FL 32960

New Mailing Address:

1801 24TH STREET
VERO BEACH, FL 32960 US

FEI Number: 65-0523165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, PAMELA C.
1801 24TH STREET
VERO BEACH, FL 32960 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 ( ) Delete
Name: MARSHALL, KATHY
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: VP ( ) Delete
Name: YONGE, TOM
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: S ( ) Delete
Name: LINCOLN, WANDA
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: TD ( ) Delete
Name: REISINGER, DAVID
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: ED ( ) Delete
Name: KING, PAMELA C.
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: PE (X) Delete
Name: HARTLINE, ANDREW
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GRALL, ERIN
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: VP (X) Change ( ) Addition
Name: LINCOLN, WANDA
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: S (X) Change ( ) Addition
Name: NEUBARTH, WANDA
Address: 1801 24TH STREET
City-St-Zip: VERO BEACH, FL 32960

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: YOLANDA ORTIZ OFM 03/05/2008

Electronic Signature of Signing Officer or Director — Date