2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 579672

Entity Name: A CHILD'S PLACE, INC.

Current Principal Place of Business:

6200 S.W ARCHER ROAD
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

6200 SW ARCHER ROAD
GAINESVILLE, FL 32608 US

New Mailing Address:

6200 S.W ARCHER ROAD
GAINESVILLE, FL 32608 US

FEI Number: 59-1872592 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOUST, AMANDA J.
6200 SW ARCHER ROAD
GAINESVILLE, FL 32608 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: PD ( ) Delete
Name: FOUST, AMANDA J
Address: 13015 NW 93RD LANE
City-St-Zip: ALACHUA, FL 32615

Title: VP ( ) Delete
Name: FOUST, V. JAMES
Address: 13065 NW 93RD LANE
City-St-Zip: ALACHUA, FL 32615

Title: S ( ) Delete
Name: FOUST HERRING, MELISSA
Address: 1024 TULLAMORE DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FOUST, AMANDA J
Address: 13065 NW 93RD LANE
City-St-Zip: ALACHUA, FL 32615

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

SIGNATURE: AMANDA FOUST PD 04/27/2009

Electronic Signature of Signing Officer or Director Date