2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# 708985

Entity Name: CHILDHOOD DEVELOPMENT SERVICES, INC.

Current Principal Place of Business:

1601 N E 25TH AVENUE
900
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

1601 N E 25TH AVENUE
900
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-1262700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOY, LINDA
1601 NE 25TH AVE
900
OCALA, FL 34470 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: M ( ) Delete
Name: FOY, LINDA
Address: 1601 NE 25TH AVE., SUITE 900
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete
Name: STRAWBRIDGE, TED
Address: 219 SE 54 COURT
City-St-Zip: OCALA, FL 34471

Title: TD ( ) Delete
Name: FANTE, JOE
Address: 3337 SE 15TH ST
City-St-Zip: OCALA, FL 34471

Title: P ( ) Delete
Name: STRAWBRIDGE, TED
Address: 219 SE 54TH COURT
City-St-Zip: OCALA, FL 34471

Title: SD ( ) Delete
Name: SHIPP, JEANNIE
Address: 5839 NE 5TH TERRACE
City-St-Zip: OCALA, FL 34479

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 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: LINDA FOY CHIEF OPERATING OFFICER MS 01/06/2006

Electronic Signature of Signing Officer or Director — Date