2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 12, 2006 8:00 am Secretary of State

DOCUMENT # 719807 CHILD CARE RESOURCES, INC. Principal Place of Business S15 N MAIN ST. GAINESVILLE, FL 32601 Care State Age 4, sic. GAINESVILLE, FL 32602 Care State Age 4, sic. GAINESVILLE, FL 32603 Care State Age 4		ANNUAL		Secretary or State					
CHILD CARE RESOURCES, INC. Principal Place of Business 515 N. MAIN ST. GAINESVILLE, FL 32601 2. Principal Place of Business 515 N. MAIN ST. GAINESVILLE, FL 32601 2. Principal Place of Business 515 N. MAIN ST. GAINESVILLE, FL 32601 2. Principal Place of Business 515 N. MAIN ST. GAINESVILLE, FL 32601 2. Principal Place of Business 515 N. MAIN ST. CAP - Q Chy A. Shale Chy A. Sh				20		07-12-2006 90003	2 036 ****6	51.25	
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City & State CATHESVILLE, FL CANINES COUNTY 32 LO 9 Country 7. Name and Address of New Registered Agent Name A M K BUT LER Street Address IP O-Box Number is Not Acceptable) COPY Country Country Copy Copy Copy Copy Copy Copy Copy Copy	Suite, Apt. #, etc.		Suite, Apt. #, etc.			hg-NP CR2E	E037 (4/06)		
Superior Country Zup Country Zup Country Zup Country S. Certificate of Status Desired \$8.75 Additional Fee Required S. Name and Address of Current Registered Agent S. Certificate of Status Desired See Required S. Name and Address of New Registered Agent Name Amu BUT LER Steet Address (P. O-Box Number is Not Acceptable) CONTROL	City & State		City & State			'5			
8. Name and Address of Current Registered Agent MAZZEO9, GEORGE 515 N. MAIN ST. GAINESVILLE, FL 32601 Street Address (P G-Box Number is Not Acceptable) GOS NW 53 rd AVE SUILE FL 79 Code City C 1 / 2 SV 1 P L 79 Code GOS NW 53 rd AVE SUILE FL 79 Code The above named entity submis this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State III.E PD Make check payable to Florida Department of State III.E PD Addition Number is Not Acceptable. I am familiar with, and accept the obligation of Registered agent, or both, in the State of Florida Department of State III.E PD Addition Number is Not Acceptable. I am familiar with, and accept the obligat	Zip Country		Zip Country				\$8.75 Add	tional	
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GAINESVILLE, FL 32601 GO S N W 53 rd A V	MAZZEO9, GEORGE			Name AMY K. BUTLER					
City Cancella Change Cha	I =			<u> </u>			<u>a `.</u>	0.0	
B. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, speed of private day of registered agent. Filling Fee Is \$61.25 Due by September 6, 2006 Filling Fee Is \$61.25 Due by September 6, 2006 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE MAKE MA				City	Zip Code				
SIGNATURE Signature. Typed or private name of regulatered adjust applicable. (NOTE: Registered Agent signature required entertraining) DATE	0311E3V11E -132U01							nd accept	
Due by September 6, 2006	SIGNATURE 7110 106								
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TOPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

7/10/06

(352) 955-5397