
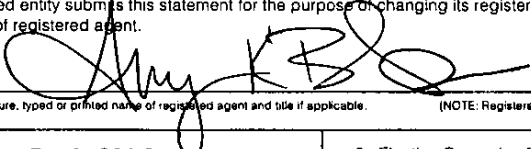
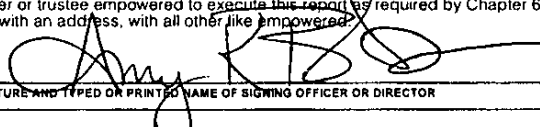


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-12-2006 90002 036 ****61.25

DOCUMENT # 719807 1. Entity Name CHILD CARE RESOURCES, INC.					
Principal Place of Business 515 N. MAIN ST. GAINESVILLE, FL 32601			Mailing Address 515 N. MAIN ST. GAINESVILLE, FL 32601		
2. Principal Place of Business 605 NW 53 AVENUE Suite, Apt. #, etc. A-9 City & State GAINESVILLE, FL Zip 32609		3. Mailing Address 605 NW 53 AVENUE Suite, Apt. #, etc. A-9 City & State GAINESVILLE, FL Zip 32609		4. FEI Number 59-1356075 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAZZEO9, GEORGE 515 N. MAIN ST. GAINESVILLE, FL 32601			7. Name and Address of New Registered Agent Name Amy K. BUTLER Street Address (P.O. Box Number is Not Acceptable) 605 NW 53rd Ave Suite A-9 City Gainesville FL Zip Code 32609		
8. 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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 7/10/06	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, SUSAN O 9105 SE 225 DR. HAWTHORNE, FL 32640	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Amy BUTLER 545 SW KELLNER CT FT. WHITE FL
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROGERS, MELBA 4213 NW 30 AVE GAINESVILLE, FL 32609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IVPD MARGARET PARRISH 1433 NW 18 PLACE GAINESVILLE, FL 32609
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD SMITH, JAMES W PO BOX 390 I/O BOX 3 GAINESVILLE, FL 32602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD SAMUEL A. MUTCH 327 NW 29 STREET GAINESVILLE, FL 32607
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERTSON, A. TODD 9702 SW 35 LANE GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD SAMUEL A. MUTCH 327 NW 29 STREET GAINESVILLE, FL 32607
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 7/10/06 (352) 955-5397 <small>Date Daytime Phone #</small>	

40098815



07102006 Chg-NP CR2E037 (4/06)