2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# 723653

Entity Name: EARLY EDUCATION AND CARE, INC.

Current Principal Place of Business:

450 JENKS AVE.
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

450 JENKS AVE.
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-1376048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, MONA
450 JENKS AVENUE
PANAMA CITY, FL 32401 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: CLEMONS, SCOTT
Address: 405 OAK AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: VP ( ) Delete
Name: WARRINER, DAVID
Address: P O BOX 280
City-St-Zip: PORT ST JOE, FL 32457

Title: D ( ) Delete
Name: COOLEY, OLIVIA
Address: 712 MOORE CIRCLE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: SOWELL, JERRY
Address: 626 LUVERNE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: WALTERS, ELIZABETH
Address: 221 MCKENZIE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WALTERS, ELIZABETH
Address: 221 MCKENZIE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: VP (X) Change ( ) Addition
Name: SOWELL, JERRY
Address: 626 LUVERNE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DEAN, FRANK
Address: 432 MAGNOLIA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D (X) Change ( ) Addition
Name: KIRVIN, ELIZABETH
Address: 450 JENKS AVENUE
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MONA JOHNSON RA 04/25/2005

Electronic Signature of Signing Officer or Director — Date