2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 8:00 am Secretary of State

DOCUMENT # 758154 1. Entity Name MARY FAUST CHILD CARE RESOURCE LIBRARY, INC.						0035 045 ****	*61.25
Principal Place 6698 68TH / STE C PINELLAS PA		Mailing Address 6698 68TH AVE N STE C PINELLAS PARK, FL 337	'81-5015 US			124834 11111111111111111111111111111111111	1 [] 1 2 2 2 3 4 4 4 4 4 4 4 4 4
4175	lace of Business - No P.O. Box # East Bay Drive	3. Mailing Address 4175 East [Bay Driv	; I (48))) 1860 1860			
	<u> 350</u>	Suite, Apt. #, etc. Suite 35	<u>50' </u>		hg-NP	CR2E037 (12/06	
	rwater, FL	City & State Clearwat	er, FL	4. FEI Number 51-01736	19	 +	Applied For Not Applicable
33764	Country USA	33764	Country	5. Certificate of S		\$8.75 A	
<u>-</u>	6. Name and Address of Current	Registered Agent	- Name	7. Name and Add	ress of New Reg	istered Agent	
HUTCHESON, ELAINE 6698 68TH AVE SUTIE C PINELLAS PARK, FL 33781				Ponroy, Kal Idress (P.O.) Box Number is 175 Kast 15 Ulte 350	Not Acceptable) Ax Driv	· ·e;	
			City	learwater		FL Zip C	3764
8. The above	named entity submits this statement for	r the purpose of changing its re	egistered office or	registered agent, or both, in	the State of Floric	da. I am familiar wit	th, and accept
the obligati	ions of registered agent.						
SIGNATURE .	- Kathur .	MANAM				4/12/28	
						1110100	
SIGNATORIE .	Signature, typed or printed hame of registered agent	and title if applicable (NOTE: F	Registered Agent signatu	re required when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	
·	Signature, typed or printed hame of registered agent: Filling Fee Is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	1	DATE se check payable a Department of	
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Florida	a Department of	State
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Florida	a Department of	State IN 10
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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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR

4/10/08 (727) 507- 4857 Dote Deyline Proce # 018 1314