


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90407 042 ***150.00

DOCUMENT # 838399 1. Entity Name FAMILY CENTER, INC.	
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Principal Place of Business 2 PARAGON DRIVE ATTN: TAX DEPARTMENT MONTVALE, NJ 07645	Mailing Address 2 PARAGON DRIVE ATTN: TAX DEPARTMENT MONTVALE, NJ 07645
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-2121119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLUMBERG EXCELSIOR CORPORATE SERVICES INC. 4435 OLD WINTER GARDEN ROAD ORLANDO, FL 32811	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGARRY, CHRISTOPHER 2 PARAGON DR MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAULTIERI, MICHAEL 2 PARAGON DR MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAUS, ERIC 2 FARAGON DR MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALGANO, BRENDA 2 FARAGON DR MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, 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: Michael H. Walter 4/18/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #