2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G43586

FILED Sep 14, 2006 Secretary of State

Entity Name: CHILDREN'S VILLAGE DEVELOPMENTAL LEARNING CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

145 LEWIS POINT ROAD ST AUGUSTINE, FL 32086 US

Current Mailing Address: New Mailing Address:

145 LEWIS POINT ROAD ST AUGUSTINE, FL 32086 US

FEI Number: 59-2119039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KAMM, BABETTE A

145 LEWIS POINT RD

SAINT AUGUSTINE, FL 32086 US

KAMM, BABETTE A

145 LEWIS POINT ROAD

ST AUGUSTINE, FL 32086 US

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: BABETTE A. KAMM 09/14/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DMV () Delete Title: DPT (X) Change () Addition

Name:KAMM, BABETTE A.,Name:KAMM, BABETTE AAddress:3075 BISHOP ESTATES ROADAddress:3075 BISHOP ESTATES ROAD

City-St-Zip: JACKSONVILLE, FL 32259

Address. 30/3 BISHOP ESTATES ROAD

City-St-Zip: JACKSONVILLE, FL 32259 US

Title: () Delete Title: DVPS () Change (X) Addition

 Name:
 Name:
 WEAVER, JR., CURTIS A

 Address:
 Address:
 145 LEWIS POINT ROAD

 City-St-Zip:
 City-St-Zip:
 ST AUGUSTINE, FL 32086 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BABETTE A. KAMM DPT 09/14/2006