2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# K40683

Entity Name: ALPHA CARE PRESCHOOL AND INFANT CENTER, INC.

Current Principal Place of Business:

3034 ATLANTIC AVE.
P.O. BOX 4001
EATON PARK, FL 33840

New Principal Place of Business:

3034 ATLANTIC AVE.
LAKELAND, FL 33803

Current Mailing Address:

3034 ATLANTIC AVE.
P.O. BOX 4001
EATON PARK, FL 33840

New Mailing Address:

FEI Number: 59-2917544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOLTON, SHEILA J.
3034 ATLANTIC AVE.
EATON PARK, FL 33840 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOLTON, SHEILA J.,
Address: 4810 ELAM ROAD
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: SHEILA J. HOLTON D 01/13/2009
Electronic Signature of Signing Officer or Director Date