

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K45521

FILED
Jun 22, 2009
Secretary of State

Entity Name: DEVELOPMENTAL LEARNING CENTER OF ST. LUCIE COUNTY, FLORIDA, INC.

Current Principal Place of Business:

2423 TAMARIND RD
FORT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

% JOHN MAULDIN
2423 TAMARIND DR.
FT. PIERCE, FL 34949

New Mailing Address:

2423 TAMARIND RD
FORT PIERCE, FL 34949 US

FEI Number: 65-0078521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAULDIN, JOHN
2423 TAMARIND DR.
FT. PIERCE, FL 34949 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MAULDIN, JOHN
Address: 2423 TAMARIND DR
City-St-Zip: FT. PIERCE, FL

Title: VD () Delete
Name: MAULDIN, JOHN
Address: 2423 TAMARIND DR
City-St-Zip: FT. PIERCE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: MAULDIN, JOHN
Address: 2423 TAMARIND DR
City-St-Zip: FT. PIERCE, FL 34949 US

Title: VD (X) Change () Addition
Name: MAULDIN, JOHN
Address: 2423 TAMARIND DR
City-St-Zip: FT. PIERCE, FL 34949 US

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: JOHN MAULDIN, PH.D.

DR.

06/22/2009

Electronic Signature of Signing Officer or Director

Date