

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K45521

FILED  
Apr 06, 2011  
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:**

2423 TAMARIND RD  
FORT PIERCE, FL 34949

**New Mailing Address:**

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 E OWNER  
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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: MAULDIN, JOHN E PST  
Address: 2423 TAMARIND DR  
City-St-Zip: FT. PIERCE, FL 34949 US

Title: VD  
Name: MAULDIN, JOHN E VD  
Address: 2423 TAMARIND DR  
City-St-Zip: FT. PIERCE, FL 34949 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN E. MAULDIN, PH.D.

PST

04/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date