2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# L07000026990

Entity Name: CALVARY KIDS CARE, LLC

Current Principal Place of Business:

8900 US HIGHWAY 19 NORTH
PINELLAS PARK, FL 33782

New Principal Place of Business:

Current Mailing Address:

8900 US HIGHWAY 19 NORTH
PINELLAS PARK, FL 33782

New Mailing Address:

FEI Number: 59-2322547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SULLIVAN, STEPHEN C
11603 LIPSEY ROAD
TAMPA, FL 33618 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BUSBEE, KIMBERLY
Address: 8900 US HIGHWAY 19 NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRS (X) Change ( ) Addition
Name: O'CONNOR, JAMES
Address: 8900 US HIGHWAY 19 NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: VP ( ) Change (X) Addition
Name: WOODHOUSE, KAREN
Address: 8900 US HIGHWAY 19 NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: TRES ( ) Change (X) Addition
Name: SEDDIO, JOSEPH
Address: 8900 US HIGHWAY 19 NORTH
City-St-Zip: PINELLAS PARK, FL 33782

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH M. SEDDIO TRE 02/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date