2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# M45314

Entity Name: COUNTRY CLUB CHILDREN CARE CENTER, INC.

Current Principal Place of Business:

18674 NW 67TH AVE.
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

18674 NW 67TH AVE.
MIAMI, FL 33015

New Mailing Address:

FEI Number: 59-2823436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAPOLES, MARIA C.
19508 SW 44 COURT
MIRAMAR, FL 33029 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: NAPOLES, MARIA C.,
Address: 19508 SW 44 CT
City-St-Zip: MIRAMAR, FL 33029

Title: D ( ) Delete
Name: NAPOLES, JORGE L.,
Address: 19508 SW 44 CT
City-St-Zip: MIRAMAR, FL 33029

Title: VP ( ) Delete
Name: NAPOLES, MARIE
Address: 19508 SW 44 CT
City-St-Zip: MIRAMAR, FL 33029

Title: VP ( ) Delete
Name: NAPOLES, JENNIFER
Address: 19508 SW 44 ST
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NAPOLES, MARIA C.,
Address: 19508 SW 44 CT
City-St-Zip: MIRAMAR, FL 33029

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

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

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: MARIA C NAPOLES P 02/24/2009

Electronic Signature of Signing Officer or Director — Date