2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# N00000006679

Entity Name: MICAH'S PLACE, INC.

Current Principal Place of Business:

1897 ISLAND WALK WAY
UNIT 7
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

1897 ISLAND WALK WAY
STE 7
FERNANDINA BEACH, FL 32034

Current Mailing Address:

PO BOX 16827
FERNANDINA BEACH, FL 32035

New Mailing Address:

FEI Number: 59-3675485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMPSON, ELISA
4164 PALM B;UFF DRIVE
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

SIMPSON, ELISA
4164 PALM BLUFF DRIVE
FERNANDINA BEACH, FL 32034 US

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: _____ 01/16/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SIMPSON, ELISA
Address: 4164 PALM BLUFF DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: V ( ) Delete
Name: LASSITER, TIPPY
Address: 95206 SPRING TIED LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T ( ) Delete
Name: SPELLMAN, HENRY
Address: 1604 REGATTA DRIVE
City-St-Zip: AMELIA BEACH, FL 32034

Title: S ( ) Delete
Name: SPROAT, SANDY
Address: 4658-10 CARLTON DUNES DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SPROAT, SANDY
Address: 4658-10 CARLTON DUNES DR.
City-St-Zip: AMELIA ISLAND, FL 32034

Title: V (X) Change ( ) Addition
Name: AMOS, BILL
Address: 8152 RESIDENCE CT.
City-St-Zip: AMELIA ISLAND, FL 32034

Title: T (X) Change ( ) Addition
Name: POSEY, JAKE
Address: 86725 RIVERWOOD DRIVE
City-St-Zip: YULEE, FL 32097

Title: S (X) Change ( ) Addition
Name: SCHIEBLER, AUDREY
Address: 408 BEACHSIDE PLACE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: ED ( ) Change (X) Addition
Name: RIFFEY, SHANDRA
Address: 87565 CREEKSIDE DRIVE
City-St-Zip: YULEE, FL 32097

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANDRA RIFFEY ED 01/16/2008
Electronic Signature of Signing Officer or Director — Date