2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# N03000001405

Entity Name: FOUNDATION FOR EARLY CHILDHOOD DEVELOPMENT, INC.

Current Principal Place of Business:

14 E. WASHINGTON STREET
SUITE 600
ORLANDO, FL 32801

New Principal Place of Business:

1940 TRAYLOR BLVD.
ORLANDO, FL 32804

Current Mailing Address:

14 E. WASHINGTON STREET
SUITE 600
ORLANDO, FL 32801

New Mailing Address:

P.O. BOX 540387
ORLANDO, FL 32854

FEI Number: 86-1076294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANG, THOMAS F
14 E. WASHINGTON STREET
SUITE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

LANG, THOMAS F
1000 LEGION PLACE
SUITE 1700
ORLANDO, FL 32801 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: THOMAS F. LANG 04/19/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MORRISON, RICHARD
Address: 1940 TRAYLOR BLVD.
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete
Name: DERMOTT, MAUREEN
Address: 1940 TRAYLOR BLVD.
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete
Name: SUTHERLAND, LINDA
Address: 1940 TRAYLOR BLVD.
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: MAUREEN DERMOTT D 04/19/2005
Electronic Signature of Signing Officer or Director Date