2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N03442

Entity Name: FOSTER CARE ADVISORY SERVICES, INC.

Current Principal Place of Business:

8384 VILLAIRE COURT
FT MYERS, FL 33919 US

New Principal Place of Business:

20150 KEOLA LANE
N FT MYERS, FL 33917 US

Current Mailing Address:

8384 VILLAIRE COURT
FT MYERS, FL 33919 US

New Mailing Address:

20150 KEOLA LANE
N FT MYERS, FL 33917 US

FEI Number: 59-2479246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, CHARLES
4165 EAST RIVER DRIVE
FORT MYERS, FL 33916 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: D ( ) Delete
Name: GEZZAR, RENNA
Address: 1820 WHITECA CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: S ( ) Delete
Name: SALVESEN, PEGGY
Address: 8384 VILLAIRE COURT
City-St-Zip: FORT MYERS, FL 33919

Title: VD ( ) Delete
Name: BLASUCCI, BERNADINE
Address: 4155 E. RIVER DR
City-St-Zip: FORT MYERS, FL 33916

Title: D ( ) Delete
Name: BROWN, NANCY
Address: 1336 WALES DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: TD ( ) Delete
Name: PAIGHT, NINA
Address: 20150 KEOLA LN
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: PD ( ) Delete
Name: JOHNSON, CHARLES
Address: 4165 EAST RIVER DRIVE
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GEZZAR, RENNA
Address: 1820 WHITECAP CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D (X) Change ( ) Addition
Name: SALVESEN, PEGGY
Address: 8384 VILLAIRE COURT
City-St-Zip: FORT MYERS, FL 33919

Title: VD/S (X) Change ( ) Addition
Name: BLASUCCI, BERNADINE
Address: 4155 E. RIVER DR
City-St-Zip: FORT MYERS, FL 33916

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

SIGNATURE: NINA PAIGHT TD 03/22/2009

Electronic Signature of Signing Officer or Director — Date