2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# N04000008560

Entity Name: AFTER CARE EDUCATORS, INC.

Current Principal Place of Business:

3911 N.E. 26TH AVE
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

3911 N.E. 26TH AVE
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: 35-2238934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, KENNETH M
3911 N.E. 26TH AVE
LIGHTHOUSE POINT, FL 33064 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: CEOP ( ) Delete
Name: COLLINS, LAURA
Address: 3911 N.E. 26TH AVE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D ( ) Delete
Name: COLLINS, LAURA
Address: 3911 N.E. 26TH AVE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: DVS ( ) Delete
Name: YONOVER, MICHAEL
Address: 3911 N.E. 26TH AVE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: DST ( ) Delete
Name: COLLINS, CHRISTOPHER
Address: 3911 N.E. 26TH AVE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D ( ) Delete
Name: YONOVER, MARISSA
Address: 3911 N.E. 26TH AVE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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:

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: CHRIS COLLINS DST 05/04/2005

Electronic Signature of Signing Officer or Director — Date