2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005
Secretary of State

DOCUMENT# N04000011498

Entity Name: ANNIE JEAN'S COMMUNITY DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

935 VARR AVE.
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

935 VARR AVE.
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 20-1987237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAIG-LONEY, ERIKA D
935 VARR AVE.
ROCKLEDGE, FL 32955 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: PD ( ) Delete
Name: CRAIG-LONEY, ERIKA D
Address: 935 VARR AVE.
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD ( ) Delete
Name: TIMOTHY, ERIC
Address: 250 SUTHERLAND CT.
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: LONEY-PATRICK, BEATRICE
Address: 4696 ROSE CORAL DR., APT. #23
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TREA (X) Change ( ) Addition
Name: TIMOTHY, ERIC
Address: 250 SUTHERLAND CT.
City-St-Zip: APOPKA, FL 32712

Title: SECR (X) Change ( ) Addition
Name: LONEY-PATRICK, BEATRICE
Address: 4696 ROSE CORAL DR., APT. #23
City-St-Zip: ORLANDO, FL 32808

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: ERIKA D. CRAIG-LONEY PD 02/14/2005

Electronic Signature of Signing Officer or Director — Date