2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N05000006320

Entity Name: MISS KATE'S PREK, INC.

Current Principal Place of Business:

1303 JASMINE STREET
STE. 105
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1115
FERNANDINA BEACH, FL 32035

New Mailing Address:

FEI Number: 02-0745591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HART, KATE
1813 AMELIA AVE.
FERNANDINA BEACH, FL 32034 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: GARVIN, MARTHA
Address: 113 S. 16TH ST.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: PD ( ) Delete
Name: MCGRATH, WILLIAM DR
Address: 2700 MIZELL AVE.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VPD ( ) Delete
Name: BILLINGS, DEBORAH
Address: 3033 RIVERSIDE DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TD ( ) Delete
Name: CANNON, VICKI
Address: 1886 LAKESIDE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete
Name: COVERDELL, CLAIRE
Address: 831 DIVISION STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change ( ) Addition
Name: MORRISON, DEBORAH
Address: 3033 RIVERSIDE DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

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: KATE HART M.D. 04/26/2009
Electronic Signature of Signing Officer or Director — Date