2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N05000009822

Entity Name: CENTER FOR CHILD DEVELOPMENT, INC.

Current Principal Place of Business:

625 N FLAGLER DR 9TH FL
W PALM BCH, FL 33401

New Principal Place of Business:

5325 GREENWOOD AVENUE
SUITE 201
W PALM BCH, FL 33407

Current Mailing Address:

625 N FLAGLER DR 9TH FL
W PALM BCH, FL 33401

New Mailing Address:

5325 GREENWOOD AVENUE
SUITE 201
W PALM BCH, FL 33407

FEI Number: 30-0002887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHEEHAN, THOMAS A III
625 N FLAGLER DR 9TH FL
W PALM BCH, FL 33401 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D ( ) Change (X) Addition
Name: MOONEY, ROBERT R
Address: 11473 RIVERWOOD PLACE
City-St-Zip: WEST PALM BEACH, FL 33408

Title: V/D ( ) Change (X) Addition
Name: PONCY, MARK
Address: 5380 NORTH OCEAN DRIVE, SUITE 1400
City-St-Zip: SINGER ISLAND, FL 33404

Title: T/D ( ) Change (X) Addition
Name: COMPIANI, FRANK
Address: 1555 PALM BEACH LAKES BLVD, STE 1400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S/D ( ) Change (X) Addition
Name: HUSER, MARY
Address: 11830 LAKESIDE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Change (X) Addition
Name: ROONEY, PATRICK JR
Address: 6659 AUDUBON TRACE
City-St-Zip: WEST PALM BEACH, FL 33412

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT MOONEY P/D 04/27/2006

Electronic Signature of Signing Officer or Director — Date