2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N06000005443

Entity Name: THE MENTOR'S PLACE, INC.

Current Principal Place of Business:

604 COCONUT AVE N
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

604 COCONUT AVE N
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 42-1708659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WITTOCK-BROWN, ANN MAREE
604 COCONUT AVE. N
PORT ST LUCIE, FL 34952 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: WITTOCK-BOWEN, ANN MAREE
Address: 604 COCONUT AVE. N
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete
Name: BROWN, BARRY
Address: 604 COCONUT AVE. N
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete
Name: ROBINSON-TAYLOR, GOLDIA
Address: 604 COCONUT AVE. N
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WITTOCK-BROWN, ANN MAREE
Address: P.O. BOX 783233
City-St-Zip: WINTER GARDEN, FL 34778 US

Title: D (X) Change ( ) Addition
Name: BROWN, BARRY
Address: P.O. BOX 783233
City-St-Zip: WINTER GARDEN, FL 34778 US

Title: D (X) Change ( ) Addition
Name: ROBINSON-TAYLOR, GOLDIA
Address: 3455 SW ENGLEWOOD STREET
City-St-Zip: PORT ST LUCIE, FL 34953 US

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: ANN MAREE WITTOCK BROWN CEO 04/28/2008

Electronic Signature of Signing Officer or Director — Date