2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# N07000009320

Entity Name: AZAMA FAMILY DAY CARE HOME INC.

Current Principal Place of Business:

257 WASHINGTON PLACE
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

257 WASHINGTON PLACE
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 26-0670431 **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:

AZAMA, HELEN W
257 WASHINGTON PLACE
ORMOND BEACH, FL 32174 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: P ( ) Delete
Name: AZAMA, HELEN W
Address: 257 WASHINGTON PLACE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP ( ) Delete
Name: HARRIS, TSHWANDA L
Address: 430 PARK TREE TERRACE APT 2512
City-St-Zip: ORLANDO, FL 32825 US

Title: TREA ( ) Delete
Name: HARRIS, JERENA L
Address: 3333 MONUMENT ROAD APT 815
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TREA (X) Change ( ) Addition
Name: HARRIS, JERENA L
Address: 3333 MONUMENT ROAD APT 1111
City-St-Zip: JACKSONVILLE, FL 32225 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: HELEN AZAMA DIR 05/05/2008

Electronic Signature of Signing Officer or Director — Date