2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# N07000011358

Entity Name: SPRINGFIELD MOMMIES GROUP, INC.

Current Principal Place of Business:

1321 N. MAIN ST.
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

1321 N. MAIN ST.
JACKSONVILLE, FL 32206

New Mailing Address:

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

Name and Address of Current Registered Agent:

GALBREATH, TABITHA
1919 N. LAURA ST.
JACKSONVILLE, FL 32206 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: BARD, SARAH
Address: 1435 SILVER ST.
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP ( ) Delete
Name: SHOCKEY, ALLISON
Address: 1923 N. MARKET ST.
City-St-Zip: JACKSONVILLE, FL 32206

Title: S ( ) Delete
Name: BEROZENY, CINDY
Address: 24 E. 4TH ST.
City-St-Zip: JACKSONVILLE, FL 32206

Title: T ( ) Delete
Name: THOUSAND, TARA
Address: 226 E 15TH ST.
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LAWRENCE, MAUREEN
Address: 1405 BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP (X) Change ( ) Addition
Name: BERZSENYI, CINDY
Address: 24 EAST 4TH ST.
City-St-Zip: JACKSONVILLE, FL 32206

Title: S (X) Change ( ) Addition
Name: BAIRD, SARAH
Address: 1435 SILVER ST.
City-St-Zip: JACKSONVILLE, FL 32206

Title: T (X) Change ( ) Addition
Name: SHOCKEY, ALISON
Address: 1923 NORTH MARKET ST
City-St-Zip: JACKSONVILLE, FL 32206

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: ALISON SHOCKEY T 02/21/2009

Electronic Signature of Signing Officer or Director — Date