

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jan 21, 2010
Secretary of State

DOCUMENT# N08000004479

Entity Name: COLLIER CHILD CARE RESOURCES, INC.**Current Principal Place of Business:**2400 TAMIAMI TRAIL N.
SUITE 303
NAPLES, FL 34103**New Principal Place of Business:****Current Mailing Address:**2400 TAMIAMI TRAIL N.
SUITE 303
NAPLES, FL 34103**New Mailing Address:****FEI Number:** 26-2646032**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AARON A. FARMER, P.L.
999 VANDERBILT BEACH ROAD
SUITE 606
NAPLES, FL 34108 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:** CHPD
Name: ROBINSON, WILLIAM A
Address: PMB 206, P.O. BOX 413005
City-St-Zip: NAPLES, FL 341013005**Title:** TD
Name: MEERPOHL, JAMES
Address: P.O. BOX 111689
City-St-Zip: NAPLES, FL 34108**Title:** SD
Name: FERGUSON, DOROTHY C PHD
Address: 215 SILVERADO DRIVE
City-St-Zip: NAPLES, FL 34119

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM A. ROBINSON

CHPD

01/21/2010

Electronic Signature of Signing Officer or Director

Date