2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08149

FILED Jan 08, 2010 Secretary of State

Entity Name: PREGNANCY CRISIS CARELINE, INC.

Current Principal Place of Business: New Principal Place of Business:

1685 TAMIAMI TR

SUITE 4

PORT CHARLOTTE, FL 33948

Current Mailing Address: New Mailing Address:

1685 TAMIAMI TRL STE 4 1685 TAMIAMI TR

PORT CHARLOTTE, FL 33948 US SUITE 4

PORT CHARLOTTE, FL 33948

FEI Number: 59-2508174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DZURAK, JOHN S 1685 TAMIAMI TR

SUITE 4

PORT CHARLOTTE, FL 33948 US

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: F

Name: PONTE, SHARON

Address: 4418 ALAMETOS TERRACE City-St-Zip: NORTH PORT, FL 34288

Title: VP

Name: SAWNEY, ANNE

Address: 21233 KNOLLWOOD AVENUE City-St-Zip: PORT CHARLOTTE, FL 33952

Title:

 Name:
 DZURAK, JOHN S

 Address:
 23232 ARADE AVENUE

 City-St-Zip:
 PORT CHARLOTTE, FL 33980

Title: [

Name: PIZARRO, LINDA Address: 1247 ODYSSEY CT.

City-St-Zip: PORT CHARLOTTE, FL 33983

Title: TD

Name: BREMER, JUNE Address: 4088 GALLO ST

City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S

 Name:
 MCCLARY, NANCY

 Address:
 2621 RIO TIBER DRIVE

 City-St-Zip:
 PUNTA GORDA, FL 33950

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: JOHN DZURAK D 01/08/2010