2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22071

FILED Apr 20, 2009 Secretary of State

Entity Name: SPACE COAST EARLY INTERVENTION CENTER, INC.

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

3790 DAIRY ROAD

MELBOURNE, FL 32904 US

Current Mailing Address: New Mailing Address:

3790 DAIRY ROAD

MELBOURNE, FL 32904 US

FEI Number: 59-2858471 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:

SHINN, SALLY DR 1347 ROCKLEDGE DR ROCKLEDGE, FL 32955 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 SHINN, SALLY DR
 Name:
 SHINN, SALLY DR.

 Address:
 1347 ROCKLEDGE DR
 Address:
 1347 ROCKLEDGE DR

 City-St-Zip:
 ROCKLEDGE, FL 32955
 ROCKLEDGE, FL 32955

Title: () Delete Title: (X) Change () Addition MCGINTY, LEONA MRS. MELTON, BROOM Name: Name: Address: 760 MONTCLAIR RD. NE Address: 2360 WASHINGTON STREET City-St-Zip: PALM BAY, FL 32905 City-St-Zip: W. MELBOURNE, FL 32904

Title: () Delete Title: (X) Change () Addition MCGINTY, LEONA FERDINAND, MICHAEL MR. Name: Name: 972 WILDWOOD DRIVE Address: 2360 WASHINGTON ST. Address: City-St-Zip: W. MELBOURNE, FL 32904 City-St-Zip: MELBOURNE, FL 32940

() Delete Title: Title: (X) Change () Addition FERDINAND, MICHAEL Name: Name: KILPATRICK, MICHAEL MR. 972 WILDWOOD DR. 3625 WHISPERWOOD CIRCLE Address: Address: MELBOURNE, FL 32940 City-St-Zip: City-St-Zip: MELBOURNE, FL 32901

Title: () Delete Title: (X) Change () Addition YATES, JOHN MIKOLAJCZYK, MARK MR. Name: Name: 3643 WHISPERWOOD CIRCLE 400 LANTERNBACK ISLAND DRIVE Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete Title: D (X) Change () Addition

Name: KILPATRICK, MICHAEL Name: BROOM, MEL MR.

Address: 3625 WHISPERWOOD CIR Address: 760 MONTCLAIR ROAD NE
City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: PALM BAY, FL 32905

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: SALLY SHINN D 04/20/2009