2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Sep 11, 2009 DOCUMENT# N22071 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 LIS

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 REVILLS, DONNA MRS. 1347 ROCKLEDGE DR 1257 MADERA PLACE ROCKLEDGE, FL 32955 US MELBOURNE, FL 32940 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: DONNA REVILLS 09/11/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete SHINN, SALLY DR. FERDINAND, MICHAEL MR. Name: Name: 1347 ROCKLEDGE DR Address: 972 WILDWOOD DRIVE Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: MELBOURNE, FL 32940

Title: () Delete Title: (X) Change () Addition MCGINTY, LEONA MRS. MCGINTY, LEONA MRS. Name: Name: Address: 2360 WASHINGTON STREET Address: 2360 WASHINGTON STREET City-St-Zip: W. MELBOURNE, FL 32904 City-St-Zip: W. MELBOURNE, FL 32904

Title: () Delete Title: (X) Change () Addition FERDINAND, MICHAEL MR. Name: KROMASH, KEITH MR. Name:

972 WILDWOOD DRIVE 880 YORKTOWNE DRIVE Address: Address: City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: ROCKLEDGE, FL 32955

Title: () Delete Title: () Change () Addition

KILPATRICK, MICHAEL MR. Name: Name: 3625 WHISPERWOOD CIRCLE Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip:

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

MIKOLAJCZYK, MARK MR. DURANTE, MICHAEL MR. Name: Name: 400 LANTERNBACK ISLAND DRIVE 1328 TIPPPERARY DRIVE Address: Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: MELBOURNE, FL 32904

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

BROOM, MEL MR. Name: Name: Address: 760 MONTCLAIR ROAD NE Address: PALM BAY, FL 32905 City-St-Zip: City-St-Zip:

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: DONNA REVILLS COO 09/11/2009

Electronic Signature of Signing Officer or Director

Date