2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 15, 2007
Secretary of State

DOCUMENT# N26254

Entity Name: EARLY YEARS LEARNING CENTER OF GAINESVILLE, INC.

Current Principal Place of Business:

3146 N.W. 13TH STREET
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

C/O LINDA ANDREWS
3146 N.W. 13TH STREET
GAINESVILLE, FL 32609

New Mailing Address:

C/O PAULINE COWART
3146 N.W. 13TH STREET
GAINESVILLE, FL 32609

FEI Number: 59-2890729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COWART, PAULINE
3146 N 13TH STREET
GAINESVILLE, FL 32609 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: C ( ) Delete
Name: COWARTS, PAULINE
Address: 3146 N 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: V ( ) Delete
Name: HAGLE, LAURA
Address: 3611 NW 18TH TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: P ( ) Delete
Name: DENNY, CHRISTINE
Address: 1523 NW 14TH AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: S ( ) Delete
Name: CUPOLI, KARA
Address: 4510 NW 21ST DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: PALMER, RICK
Address: 3146 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: FOREMAN, ANN
Address: 3146 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: COWART, PAULINE
Address: 3146 N 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAULINE COWART MRS 02/15/2007

Electronic Signature of Signing Officer or Director — Date