2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# P00000040562

Entity Name: SOCIAL SERVICE COORDINATORS, INC.

Current Principal Place of Business:

14261 COMMERCE WAY
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

14261 COMMERCE WAY
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 06-1590075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPCO INC
2699 S BAYSHORE DRIVE 7TH FLOOR
MIAMI, FL 33133 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FLAUMENHAFT, ALAN
Address: 1 NEW HAVEN AVE., SUITE 300
City-St-Zip: MILFORD, CT 06460

Title: VD ( ) Delete
Name: TREVINO, RAYMOND
Address: 14261 COMMERCE WAY
City-St-Zip: MIAMI LAKES, FL 33016

Title: D ( ) Delete
Name: FABIANO, LEONARD
Address: 14261 COMMERCE WAY
City-St-Zip: MIAMI LAKES, FL 33016

Title: DST ( ) Delete
Name: FLAUMENHAFT, MICHAEL
Address: 14261 COMMERCE WAY
City-St-Zip: MIAMI LAKES, FL 33016

Title: DST ( ) Delete
Name: FLAUMENHAFT, CAROL
Address: 1 NEW HAVEN AVE., SUITE 300
City-St-Zip: MILFORD, CT 06460

Title: D ( ) Delete
Name: BERADO, JOE
Address: 14261 COMMERCE WAY
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: ( ) Change ( ) Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN FLAUMENHAFT P 02/27/2009

Electronic Signature of Signing Officer or Director — Date