2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# P02000030991

Entity Name: SOUTH CLUSTER CHILDREN SERVICES, INC.

Current Principal Place of Business:

7343 DAVIE ROAD EXTENSION
DAVIE, FL 33024

New Principal Place of Business:

Current Mailing Address:

7343 DAVIE ROAD EXTENSION
DAVIE, FL 33024

New Mailing Address:

FEI Number: 30-0055515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUTH IMPACT, INC.
7343 DAVIE ROAD EXTENSION
DAVIE, FL 33024 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: D ( ) Delete
Name: SIEGEL, WENDI F ED.D.
Address: 7343 DAVIE ROAD EXTENSION
City-St-Zip: DAVIE, FL 33024

Title: D ( ) Delete
Name: HERNANDEZ, NORMA
Address: 6138 SW 30TH STREET
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete
Name: MACDONALD, RUTHIE
Address: 4033 SW 22 STREET
City-St-Zip: WEST HOLLYWOOD, FL 33023

Title: D ( ) Delete
Name: LUCAS, RENEE H
Address: 420 NE 2 AVE
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete
Name: GORDON, DOREEN
Address: 5820 WEST HALLANDALE BEACH BLVD.
City-St-Zip: HOLLYWOOD, FL 33023

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:

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: DOREEN GORDON D 03/20/2009

Electronic Signature of Signing Officer or Director — Date