2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# P02000083152

Entity Name: ADVENTURES N BABYSITTING, INC.

Current Principal Place of Business:

10544-48 LAKE STREET CHARLES BLVD
RIVERVIEW, FL 33569

New Principal Place of Business:

10544-48 LAKE STREET CHARLES BLVD
RIVERVIEW, FL 33578

Current Mailing Address:

10544-48 LAKE STREET CHARLES BLVD
RIVERVIEW, FL 33569

New Mailing Address:

10544-48 LAKE STREET CHARLES BLVD
RIVERVIEW, FL 33578

FEI Number: 83-0351065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, VANDRESE
10906 SUMMERTON DRIVE
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

WILLIAMS, VANDRESE
10906 SUMMERTON DRIVE
RIVERVIEW, FL 33579 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: 04/02/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: WILLIAMS, VANDRESE
Address: 10906 SUMMERTON DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: VD ( ) Delete
Name: WILLIAMS, MICHAEL A
Address: 10906 SUMMERTON DRIVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: WILLIAMS, VANDRESE
Address: 10906 SUMMERTON DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: VD (X) Change ( ) Addition
Name: WILLIAMS, MICHAEL A
Address: 10906 SUMMERTON DRIVE
City-St-Zip: RIVERVIEW, FL 33579

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: VANDRESE WILLIAMS PRES 04/02/2008
Electronic Signature of Signing Officer or Director — Date