


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000070471</b> 1. Entity Name <b>EVERY CHILD CAN LEARN CHILD DEVELOPMENT CENTER, INC.</b>	
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Principal Place of Business <b>590 QUEENS HARBOUR DR JACKSONVILLE, FL 32225</b>	Mailing Address <b>590 QUEENS HARBOUR DR JACKSONVILLE, FL 32225</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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03122008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>11-3693761</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>JONES, GERALD P 435 CLARK RD STE 107 JACKSONVILLE, FL 32218</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, LORETTA P 11405 MANATEE DR JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPENCER, CHARLES 590 QUEENS HARBOUR DR JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, THERESA 4826 RHODE ISLAND DR N JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WHITESIDE, CARLA 10201 JOHNNA KAY CT JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPENCER, ELAINE 590 QUEENS HARBOUR DR JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM WHITESIDE, BILLY G 10201 JOHNNA KAY CT. JACKSONVILLE, FL 32220

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05/21/08-80074-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an affidavit with an address, with all other like empowered.

SIGNATURE   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 18, 08*  
Date

Daytime Phone #