2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005
Secretary of State

DOCUMENT# P03000077325

Entity Name: SAFE CHILDCARE, INC.

Current Principal Place of Business:

3591 SOUTH KERNAN BLVD.
SUITE # 336
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

3591 SOUTH KERNAN BLVD.
STE #422
JACKSONVILLE, FL 32224 US

Current Mailing Address:

3591 SOUTH KERNAN BLVD.
SUITE # 336
JACKSONVILLE, FL 32224 US

New Mailing Address:

12620 BEACH BLVD. STE 3
PMB #365
JACKSONVILLE, FL 32246 US

FEI Number: 38-3684956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERI, JASON M SR.
3591 SOUTH KERNAN BLVD.
SUITE # 336
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

PIERI, JASON M SR.
3591 SOUTH KERNAN BLVD.
STE #422
JACKSONVILLE, FL 32224 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: JASON M. PIERI SR. 02/03/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PIERI, JASON M SR.
Address: 3591 SOUTH KERNAN BLVD. SUITE # 336
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP ( ) Delete
Name: KEMP, ROBERT T
Address: 7064 SHADY PINE STREET WEST
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: SEC ( ) Delete
Name: TRUITT, JEFFREY J
Address: P.O. BOX 53245
City-St-Zip: CINCINNATI, OH 45253 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PIERI, JASON M SR.
Address: 3591 SOUTH KERNAN BLVD. STE #422
City-St-Zip: JACKSONVILLE, FL 32224 US

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 Section 119.07(3)(i), 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: JASON M. PIERI SR. P 02/03/2005
Electronic Signature of Signing Officer or Director Date