2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005
Secretary of State

DOCUMENT# P04000039230

Entity Name: ANGEL PATCH CHILD DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

1108 TALLAHASSEE ST
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

1108 TALLAHASSEE ST
CARRABELLE, FL 32322

New Mailing Address:

FEI Number: 20-0881170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MURRAY, LISA
1108 TALLAHASSEE ST
CARRABELLE, FL 32322 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition
Name: OWENS, BILLY F MR
Address: 703 GEORGIA AVE
City-St-Zip: CARRABELLE, FL 32322 US

Title: VP ( ) Change (X) Addition
Name: OWENS, DONNA R MRS
Address: 703 GEORGIA AVE
City-St-Zip: CARRABELLE, FL 32322 US

Title: ST ( ) Change (X) Addition
Name: MURRAY, LISA E MRS
Address: 107 SYBIL CT
City-St-Zip: CARRABELLE, FL 32322 US

Title: VP ( ) Change (X) Addition
Name: MURRAY, ROBERT A MR
Address: 107 SYBIL CT
City-St-Zip: CARRABELLE, FL 32322 US

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: LISA MURRAY ST 02/11/2005

Electronic Signature of Signing Officer or Director — Date