


**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90142.004 \*\*\*158.75

<b>DOCUMENT # P04000082861</b> 1. Entity Name <b>CHILDCARE TRACKING, INC</b>				<b>State of Florida</b> 08-29-2005 90142 004 ***158.75	
Principal Place of Business 12481 FLYNN RD JACKSONVILLE, FL 32223		Mailing Address 12481 FLYNN RD JACKSONVILLE, FL 32223		50063697	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07232005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 26-5692852	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, KEITH A 12481 FLYNN RD JACKSONVILLE, FL 32223				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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:  DATE: 8/15/05 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D SCOTT, KEITH A 45602 ELMWOOD CIR CANTON, MI 48188		Director 5090 Central Sarasota Pkwy #212 Sarasota, FL 34238			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 attachment with an address, with all other like empowered.					
SIGNATURE: 		8/15/05 941-448-5011			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			