2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032413

Entity Name: EARLY IMPRESSIONS DEVELOPMENT CENTER, INC.

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

112 S 3RD ST

FERNANDINA BEACH, FL 32034 US

Current Mailing Address: New Mailing Address:

112 S 3RD ST

FERNANDINA BEACH, FL 32034 US

FEI Number: 20-2414405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BONEY, KAREN K
1514 FRANKLIN ST
BONEY, KAREN K
592 AMELIA CIR

FERNANDINA BEACH, FL 32034 US FERNANDINA BEACH, FL 32034 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: KAREN BONEY 03/18/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P,VP (X) Change () Addition

Name:BONEY, KAREN KName:BONEY, KAREN KAddress:1514 FRANKLIN STAddress:592 AMELIA CIR

City-St-Zip: FERNANDINA BEACH, FL 320342425 US City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: VP (X) Delete Title: () Change () Addition

 Name:
 BONEY, ERNEST S
 Name:

 Address:
 1514 FRANKLIN ST
 Address:

 City-St-Zip:
 FERNANDINA BEACH, FL 320342425 US
 City-St-Zip:

Name: SMITH, BRITTANY N Name: SMITH, BRITTANY N
Address: 4286 HICKORY PLACE Address: 96010 HICKORY PLACE

City-St-Zip: FERNANDINA BEACH, FL 32034 US City-St-Zip: FERNANDINA BEACH, FL 32034 US

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: KAREN BONEY PRES 03/18/2009