

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000084401

**FILED**  
**Jun 16, 2009**  
**Secretary of State****Entity Name:** CHILD UNIQUE ACADEMY INC**Current Principal Place of Business:**4344 PINNACLE ST  
PORT CHARLOTTE, FL 33980**New Principal Place of Business:****Current Mailing Address:**4344 PINNACLE ST  
PORT CHARLOTTE, FL 33980**New Mailing Address:****FEI Number:** 20-2980360**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GREGOIRE, TINARAE  
3570 JEANNIN DRIVE  
NORTH PORT, FL 34288 US**Name and Address of New Registered Agent:**CLARK, SHANNON M  
4243 TWINBUSH TERR  
NORTH PORT, FL 34286 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: SHANNON CLARK

06/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: GREGOIRE, TINA RAE  
Address: 3570 JEANNIN DRIVE  
City-St-Zip: NORTH PORT, FL 34288

Title: VP ( ) Delete  
Name: PROFITA, TIFFANY  
Address: 5421 SAN LUIS TERRACE  
City-St-Zip: NORTH PORT, FL 34288

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: PRES (X) Change ( ) Addition  
Name: CLARK, SHANNON  
Address: 4343 TWINBUSH TERR  
City-St-Zip: NORTH PORT, FL 34286

Title: VP (X) Change ( ) Addition  
Name: HAINES, DEBORAH  
Address: 4751 TRAVINI CIRCLE # 118  
City-St-Zip: SARASOTA, FL 34235

Title: TRE ( ) Change (X) Addition  
Name: HAINES, MICHAEL F  
Address: 4751 TRAVINI CIRCLE # 118  
City-St-Zip: SARASOTA, FL 34235

Title: SEC ( ) Change (X) Addition  
Name: HAINES, MICHAEL F  
Address: 5010 SOUTH SAN MATEO DR.  
City-St-Zip: NORTH PORT, FL 34288

Title: DIR ( ) Change (X) Addition  
Name: CLARK, KENNETH O  
Address: 4243 TWINBUSH TERR  
City-St-Zip: NORTH PORT, FL 34286

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: SHANNON CLARK

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

Date