

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000084401

FILED
Nov 18, 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:**2700 BOBCAT VILLAGE CENTER ROAD
NORTH PORT, FL 34288**Current Mailing Address:**4344 PINNACLE ST
PORT CHARLOTTE, FL 33980**New Mailing Address:**2700 BOBCAT VILLAGE CENTER ROAD
NORTH PORT, FL 34288**FEI Number:** 20-2980360**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CLARK, SHANNON M
4243 TWINBUSH TERR
NORTH PORT, FL 34286 US**Name and Address of New Registered Agent:**GREGOIRE, TINA RAE
3570 JEANNIN DRIVE
NORTH PORT, FL 34288 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: TINARAE GREGOIRE

11/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GREGOIRE, TINARAE
Address: 3570 JEANNIN DRIVE
City-St-Zip: NORTH PORT, FL 34288

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: TINARAE GREGOIRE

PRES

11/18/2009

Electronic Signature of Signing Officer or Director

Date