2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000061729

Entity Name: COUNTRY BUMPKINS CHILD CARE, INC.

FILED Apr 28, 2011 Secretary of State

| Littly Nai | ile. COUNTRI | I BOWFRING CHIED CARE, | INO. | |
|---|---------------------------------------|-------------------------------|------------------------------------|--------------------------------------|
| Current Principal Place of Business: | | | New Principal Place of Business: | |
| |) GAINESVILLE VILLE, FL 3222 | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| |) GAINESVILLE VILLE, FL 3222 | | | |
| FEI Number: | 20-4789679 | 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: | | | | |
| | 1, W D :DUFF AVE VILLE, FL 3220 | 05 US | | |
| | named entity so of Florida. | ubmits this statement for the | purpose of changing its registered | office or registered agent, or both, |
| SIGNATUF | RE: | | | |
| | Electroni | c Signature of Registered Aલ્ | gent | Date |
| OFFICERS | S AND DIRECT | ORS: | | |
| Title: Name: | P JOHNSON, ANGI | ELA M | | |

 Name:
 JOHNSON, ANGELA M

 Address:
 10817 OLD GAINESVILLE RD

 City-St-Zip:
 JACKSONVILLE, FL 32221

Title: VP

 Name:
 HUGHES, JAIME J

 Address:
 829 WELLHOUSE DR

 City-St-Zip:
 JACKSONVILLE, FL 32220

I hereby 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 all other like empowered.

SIGNATURE: ANGELA JOHNSON P 04/28/2011