2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# P06000088192

Entity Name: MARY'S FAMILY CHILDCARE INCORPORATED

Current Principal Place of Business:

200 WILLOW ROAD
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

200 WILLOW ROAD
OCALA, FL 34472

New Mailing Address:

FEI Number: 26-1355637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILSON, DR. CECIL
200 WILLOW ROAD
OCALA, FL 34472 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILSON, DR. CECIL
Address: 200 WILLOW ROAD
City-St-Zip: OCALA, FL 34472

Title: D ( ) Delete
Name: WILSON, KOURTNIE
Address: 705 SOUTH BEACH STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D ( ) Delete
Name: WILSON, LOUANN
Address: 714 PRIMROSE LANE
City-St-Zip: LADY LAKE, FL

Title: T/S ( ) Delete
Name: WILSON, NICOLE
Address: 200 WILLOW ROAD
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DR. CECIL WILSON D 01/22/2009

Electronic Signature of Signing Officer or Director — Date