2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008
Secretary of State

DOCUMENT# P07000010020

Entity Name: SIGN WITH ME CHILD DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

10635 PINE NEEDLE DRIVE
FORT PIERCE, FL 34945

New Principal Place of Business:

5300 MELVILLE ROAD
FORT PIERCE, FL 34982

Current Mailing Address:

10635 PINE NEEDLE DRIVE
FORT PIERCE, FL 34945

New Mailing Address:

FEI Number: 20-8270165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BACK, CATHERINE L
520 TUMBLIN KLING ROAD
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

BACK, CATHERINE L CPA
6837 SOUTH US HWY 1
PORT ST. LUCIE, FL 34952 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: CATHERINE L. BACK, CPA 05/19/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HEBB, BONNIE L
Address: 10635 PINE NEEDLE DRIVE
City-St-Zip: FORT PIERCE, FL 34945

Title: VP ( ) Delete
Name: HEBB-DALY, JAIME S
Address: 5646 SUNBERRY CIRCLE
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BONNIE L. HEBB P 05/19/2008
Electronic Signature of Signing Officer or Director Date