2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P07000099734

Entity Name: FIRST COAST DEVELOPMENTAL ALTERNATIVES, INC.

Current Principal Place of Business:

303-B ANASTASIA BLVD.
#159
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

1800 NE 114 ST
#801
NORTH MIAMI, FL 32181

Current Mailing Address:

303-B ANASTASIA BLVD.
#159
ST. AUGUSTINE, FL 32080

New Mailing Address:

1800 NE 114 ST
#801
NORTH MIAMI, FL 32181

FEI Number: 26-0855147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCK, MIKHEL
1800 NE 114 ST
#801
NORTH MIAMI, FL 33181 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

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: BUCK, MIKHEL
Address: 303-B ANASTASIA BLVD #159
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S ( ) Delete
Name: NOVOSHELSKI, FAY
Address: 303-B ANASTASIA BLVD #159
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: BUA, MARY ANN
Address: 303-B ANASTASIA BLVD #159
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BUCK, MIKHEL
Address: 1800 NE 114TH STREET # 801
City-St-Zip: NORTH MIAMI, FL 33181

Title: S (X) Change ( ) Addition
Name: NOVOSHELSKI, FAY
Address: 12 PERRY DRIVE
City-St-Zip: BRICK, NJ 08723

Title: D (X) Change ( ) Addition
Name: BUA, MARY ANN
Address: 2 SHADY LANE
City-St-Zip: LODI, NJ 07644

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: FAY NOVOSHELSKI S 05/01/2009

Electronic Signature of Signing Officer or Director — Date