2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# P08000070394

Entity Name: HALIFAX ACADEMY FOR CAREGIVERS, INC.

Current Principal Place of Business:

140 S. BEACH STREET
SUITE 300
DAYTONA BEACH, FL 32114

New Principal Place of Business:

140 S. BEACH STREET
SUITE 304
DAYTONA BEACH, FL 32114

Current Mailing Address:

140 S. BEACH STREET
SUITE 300
DAYTONA BEACH, FL 32114

New Mailing Address:

140 S. BEACH STREET
SUITE 304
DAYTONA BEACH, FL 32114

FEI Number: 26-3040538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIRKLAND, SHARON J
140 S. BEACH STREET
SUITE 300
DAYTONA BEACH,, FL 32114 US

Name and Address of New Registered Agent:

KIRKLAND, SHARON J
140 S. BEACH STREET
SUITE 304
DAYTONA BEACH,, FL 32114 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: _____ 01/28/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KIRKLAND, SHARON J
Address: 140 S. BEACH STREET, SUITE 300
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP ( ) Delete
Name: SIROIS-JOHN, JULIA A
Address: 140 S. BEACH STREET, SUITE 300
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KIRKLAND, SHARON J
Address: 140 S. BEACH STREET, SUITE 304
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP (X) Change ( ) Addition
Name: SIROIS-JOHN, JULIA A
Address: 140 S. BEACH STREET, SUITE 304
City-St-Zip: DAYTONA BEACH, FL 32114

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: SHARON KIRKLAND PRES 01/28/2009
Electronic Signature of Signing Officer or Director — Date