2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P92000006530

Entity Name: ALL ABOARD DAY CARE, INC.

Current Principal Place of Business:

1718 SE 47TH ST
CAPE CORAL, FL 33904 US

New Principal Place of Business:

1918 SE SANTA BARBARA PLACE
CAPE CORAL, FL 33990 US

Current Mailing Address:

1718 SE 47TH STREET
CAPE CORAL, FL 33904 US

New Mailing Address:

1918 SE SANTA BARBARA PLACE
CAPE CORAL, FL 33990 US

FEI Number: 65-0372459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SROKA, CATHERINE C
1718 SE 47TH ST
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

SROKA, CATHERINE C
1918 SE SANTA BARBARA PLACE
CAPE CORAL, FL 33990 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: 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VSD ( ) Delete
Name: SROKA, OLAF G
Address: 1718 SE 47TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: VSD ( ) Delete
Name: SROKA, CATHERINE C
Address: 1718 SE 47TH STREET
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD (X) Change ( ) Addition
Name: SROKA, OLAF G
Address: 1918 SE SANTA BARBARA PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: PST (X) Change ( ) Addition
Name: SROKA, CATHERINE C
Address: 1918 SE SANTA BARBARA PLACE
City-St-Zip: CAPE CORAL, FL 33990

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: CATHERINE SROKA P 04/30/2009
Electronic Signature of Signing Officer or Director — Date