2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# P93000007157

Entity Name: CHILD CARE 2000, INC.

Current Principal Place of Business:

805 SOUTH MAIN ST
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

805 SOUTH MAIN ST
WILDWOOD, FL 34785

New Mailing Address:

FEI Number: 59-3162614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRETT, ALICIA
4760 COUNTY ROAD 121 D
WILDWOOD, FL 34785 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BARRETT, ALICIA
Address: 4760 COUNTY ROAD 121 D
City-St-Zip: WILDWOOD, FL 34785

Title: V ( ) Delete
Name: BARRETT, GEORGE M SR
Address: 4760 COUNTY ROAD 121 D
City-St-Zip: WILDWOOD, FL 34785

Title: T ( ) Delete
Name: BARRETT, GEORGE M JR.
Address: 21115 ORANGE CT
City-St-Zip: MOUNT DORA, FL 32757

Title: S ( ) Delete
Name: JENNIFER BARRETT,
Address: 21115 ORANGE CT
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete
Name: BARRETT, MICHAEL P
Address: 34611 BARRY LANE
City-St-Zip: SORRENTO, FL 32776 US

Title: D ( ) Delete
Name: ELIZABETH, ALVARADO
Address: 4760 CR 121D
City-St-Zip: WILDWOOD, FL 32776 US

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:

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: ALICIA BARRETT PRES 02/19/2009

Electronic Signature of Signing Officer or Director — Date