

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000033018

Entity Name: CHILDREN'S CENTER, INC.

FILED
Mar 12, 2008
Secretary of State

Current Principal Place of Business:

% CAROLE MONETTE
64 PARK AVE. S.
OLD GREENWICH, CT 06870 US

Current Mailing Address:

C/O CAROLE MONETTE
64 PARK AVE
OLD GREENWICH, CT 06870 US

New Principal Place of Business:

CAROLE MONETTE
64 PARK AVENUE
OLD GREENWICH, CT 06870 US

New Mailing Address:

CAROLE MONETTE
64 PARK AVENUE
OLD GREENWICH, CT 06870 US

FEI Number: 65-0841507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONAZ, MONETTE
C/O ALBERTO MATTA
1073 SIENA OAKS CIRCLE EAST
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

MATTA, ALBERTO
1073 SIENA OAKS CIRCLE EAST
PALM BEACH GARDENS, FL 33410 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: ALBERTO MATTA

03/12/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MONETTE, CAROLE
Address: 64 PARK AVE
City-St-Zip: OLD GREENWICH, CT 06870

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MONETTE, CAROLE
Address: 64 PARK AVENUE
City-St-Zip: OLD GREENWICH, CT 06870

Title: DIR () Change (X) Addition
Name: JOHNSON, MICHELE
Address: 49 BENJAMIN STREET
City-St-Zip: OLD GREENWICH, CT 06870

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: CAROLE A. MONETTE

PSTD

03/12/2008

Electronic Signature of Signing Officer or Director

Date