2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000055103

Entity Name: SUNSHINE AFTER SCHOOL CARE, INC.

FILED Jan 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7901 SW 36TH STREET 7900 PETERS ROAD SUITE 202 SUITE B-200

DAVIE, FL 33328 PLANTATION, FL 33324

Current Mailing Address: New Mailing Address:

7901 SW 36TH STREET 7900 PETERS ROAD SUITE 202 SUITE B-200 PLANTATION, FL 33324

FEI Number: 65-0928481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOUGHTY, JANICE

7901 SW 36 STREET, SUITE 2002

7900 PETERS ROAD

SUITE P200

DAVIE, FL 33328 ÚS SUITE B200
PLANTATION, FL 33324 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: 01/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO () Delete Title: PCEO (X) Change () Addition

Name:DOUGHTY, JANICEName:DOUGHTY, JANICEAddress:7901 SW 36 ST., SUITE 202Address:7900 PETERS ROAD, SUITE B200

City-St-Zip: DAVIE, FL 33328 City-St-Zip: PLANTATION, FL 33324

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

Name: DOUGHTY, CRAIG Name: DOUGHTY, CRAIG

Address: 7901 SW 36 ST., SUITE 202 Address: 7900 PETERS ROAD, SUITE B200

City-St-Zip: DAVIE, FL 33328 City-St-Zip: PLANTATION, FL 33324

Title: ST () Delete Title: ST (X) Change () Addition Name: DOUGHTY, HOWARD Name: DOUGHTY, HOWARD

Address: 7901 SW 36 ST., SUITE 202 Address: 7900 PETERS ROAD, SUITE B200

City-St-Zip: DAVIE, FL 33328 City-St-Zip: PLANTATION, FL 33324

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: JANICE DOUGHTY PRES 01/30/2009