2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# N03000006403

Entity Name: EDUCATIONAL FOUNDATION FOR CHILDREN'S CARE, INC.

Current Principal Place of Business:

15450 155 AVE.
MIAMI, FL 331875447

New Principal Place of Business:

Current Mailing Address:

15450 155 AVE.
MIAMI, FL 331875447

New Mailing Address:

FEI Number: 26-0068324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAREY, HUGH DR.
15450 SW 155TH AVENUE
MIAMI, FL 33187 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:	D	( ) Delete
Name:	WELLINGTON, LEON MR	
Address:	14137 SW 161 CT.	
City-St-Zip:	MIAMI, FL 33196	
Title:	D	( ) Delete
Name:	ROBINSON, JOSEPH MR.	
Address:	4871 NW 8TH DRIVE	
City-St-Zip:	PLANTATION, FL FLORIDA	
Title:	S	( ) Delete
Name:	MCCALLA, CAROLYN	
Address:	2091 SW 152 TERR.	
City-St-Zip:	MIAMI, FL 33193	
Title:	T	( ) Delete
Name:	WILLIAMS, ANTHONY	
Address:	7051 ENVIRON BOULEVARD #237	
City-St-Zip:	LAUDERHILL, FL 33319	
Title:	D	( ) Delete
Name:	HANNA, CAROLYN MRS.	
Address:	10750 SW 145TH STREET	
City-St-Zip:	MIAMI, FL 33176	
Title:	D	( ) Delete
Name:	KENT, ISRAEL DR.	
Address:	639 WEST OAKLAND PARK BLVD	
City-St-Zip:	OAKLAND PARK, FL 33311	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY WILLIAMS MR 04/26/2007

Electronic Signature of Signing Officer or Director — Date