2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000006403

FILED Aug 03, 2007 Secretary of State

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

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

15450 155 AVE. MIAMI, FL 331875447

Current Mailing Address: New Mailing Address:

15450 155 AVE P O BOX 960815

MIAMI, FL 331875447 MIAMI, FL 332960815 US

FEI Number: 26-0068324 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:

CRAREY, HUGH DR 15450 SW 155TH AVENUE MIAMI, FL 33187

OFFICERS AND DIRECTORS:

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:

City-St-Zip:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

WELLINGTON, LEON MR Name: Name: 14137 SW 161 CT. Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip:

Title: Title: (X) Change () Addition () Delete ROBINSON, JOSEPH MR. Name: ALLEN, ERIC MR. Name:

Address: 4871 NW 8TH DRIVE Address: 11201 MAINSAIL CT City-St-Zip: PLANTATION, FL FLORIDA City-St-Zip: WELLINGTON, FL 33449 US

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

MCCALLA, CAROLYN BRYAN, HERMINE MRS Name: Name: 2091 SW 152 TERR. 1040 NE 155TH ST Address: Address:

City-St-Zip: MIAMI, FL 33193 City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

Name: WILLIAMS, ANTHONY Name: RICHARDS, MAVIS MISS 7051 ENVIRON BOULEVARD #237 9600 SW 147ST Address: Address:

City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: MIAMI, FL 33176

Title: () Delete Title: (X) Change () Addition HANNA, CAROLYN MRS. VAN PUTTEN, VERNETTA MRS. Name: Name:

14137 SW 161ST CT 10750 SW 145TH STREET Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33196

Title: () Delete Title: (X) Change () Addition KENT, ISRAEL DR. MURDOCK, ELSADA MISS Name: Name: 8420 SW 3RD CT, Address: 639 WEST OAKLAND PARK BLVD Address: APT, 108 OAKLAND PARK, FL 33311 PEMBROKE PINES, FL 33025

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.

City-St-Zip:

SIGNATURE: LEON WELLINGTON MR 08/03/2007