

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 09, 2007
Secretary of State**

DOCUMENT# N04000007193

Entity Name: P.E.C. MULTI CULTURE CENTER, INC.

Current Principal Place of Business:

1506 WINGFIELD STREET
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 3221
LANTANA, FL 33465 US

New Mailing Address:

FEI Number: 34-2001572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERIZIER, NIRVA MD
625 S DIXIE HWY
LAKE WORTH,, FL 33460 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: PD () Delete
Name: AMIUS, PETER,
Address: 1506 WINGFIELD STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: ST () Delete
Name: JEUNE, EVY O
Address: 2262 RIDGEWOOD CIR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: O () Delete
Name: LOWE, RETHA
Address: 1301 12TH AVE S
City-St-Zip: LAKE WORTH, FL 33460 US

Title: O () Delete
Name: EUGENE, CRESCENT
Address: 1147 WINDING ROSE WAY
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: O () Delete
Name: BIEN-AIME, MARC
Address: 400 S DIXIE HWY SUITE 5
City-St-Zip: LAKE WORTH, FL 33460 US

Title: O () Delete
Name: VALENTINE O., IRLANDE
Address: 2262 RIDGEWOOD CIR
City-St-Zip: ROYAL PALM BEACH, FL 33411 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 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: PETER AMIUS

PD

02/09/2007

Electronic Signature of Signing Officer or Director

_____ Date