


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90185 021 ****61.25

DOCUMENT # N05000010554					
1. Entity Name SHARON CONCEPCION'S N'SPIRATIONS YOUTH MUSEUM & CAREER LEARNING CENTER, INC.					
Principal Place of Business 4950 RICHARD ST., #103 JACKSONVILLE, FL 32207 US			Mailing Address 5800-203 BEACH BLVD SUITE 190 JACKSONVILLE, FL 32207 US		
2. Principal Place of Business - No P.O. Box # 5800-203 Beh Blvd			3. Mailing Address		
Suite, Apt. #, etc. 190			Suite, Apt. #, etc.		
City & State Jacksonville F			City & State		
Zip 32207		Country DUCAL		Zip	
Country		Country		04162008 Chg-NP CR2E037 (12/06)	
4. FEI Number 84-1692346				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONCEPCION, SHARON 4950 RICHARD ST., #103 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Sharon Concepcion</i>				DATE <i>4/25/08</i>	
(NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME CONCEPCION, SHARON		<input type="checkbox"/> Delete		
STREET ADDRESS 4950 RICHARD ST., #103	CITY-ST-ZIP JACKSONVILLE, FL 32207		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME PONDER, CLAUDINE		<input type="checkbox"/> Delete		
STREET ADDRESS 7701 TIMBERLINE PARK BLVD	CITY-ST-ZIP JACKSONVILLE, FL 32256		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T	NAME WILSON, FRED		<input type="checkbox"/> Delete		
STREET ADDRESS 7717 LEESBURG DR. SOUTH	CITY-ST-ZIP JACKSONVILLE, FL 32277		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME PEARSON, MICHAEL		<input type="checkbox"/> Delete		
STREET ADDRESS 4464 COMMANDE TRAIL BLVD.	CITY-ST-ZIP JACKSONVILLE, FL 32259		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME JONES, FREIDA		<input type="checkbox"/> Delete		
STREET ADDRESS 4950 RICHARD STREET #102	CITY-ST-ZIP JACKSONVILLE, FL 32207		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME THOMAS, CYNTHIA		<input type="checkbox"/> Delete		
STREET ADDRESS 12232 PEACH ORCHARD DRIVE	CITY-ST-ZIP JACKSONVILLE, FL 32223		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Sharon Concepcion</i>				Date <i>4/25/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <i>(904) 419-2489</i>	

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