


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N06921 1. Entity Name CENTER FOR FAMILY LEARNING, INC.	
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Principal Place of Business 2699 STIRLING ROAD, SUITE A-105 FT. LAUDERDALE, FL 33312	Mailing Address 2699 STIRLING ROAD, SUITE A-105 FT. LAUDERDALE, FL 33312
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04192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCIS, KAY
8618 BRIDLE PATH CT
DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

100000530948
05/06/06-80020-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FRANCIS, KAY 8618 BRIDLE PATH CT DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORTEGA, RENNIE 8618 BRIDLE PATH CT DANIA, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORMON, RONNA 8618 BRIDLE PATH CT DAVIE, FL 33328
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: Kay Francis Dista Date: 4/24/06 (954) 962-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #