

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2007
Secretary of State**

DOCUMENT# N06921

Entity Name: CENTER FOR FAMILY LEARNING, INC.

Current Principal Place of Business:

2699 STIRLING ROAD, SUITE A-105
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

2699 STIRLING ROAD, SUITE A-105
FT. LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCIS, KAY
8618 BRIDLE PATH CT
DAVIE, FL 33328 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: DP () Delete
Name: FRANCIS, KAY,
Address: 8618 BRIDLE PATH CT
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: ORTEGA, RENNIE,
Address: 8618 BRIDLE PATH CT
City-St-Zip: DANIA, FL 33328

Title: D () Delete
Name: FORMON, RONNA,
Address: 8618 BRIDLE PATH CT
City-St-Zip: DAVIE, FL 33328

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:

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: KAY FRANCIS

DP

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date