

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011181

FILED
Feb 25, 2009
Secretary of State

Entity Name: NATIONAL CENTER FOR EXCELLENCE IN EARLY EDUCATION, INC.

Current Principal Place of Business:

350 SW 32ND ROAD
MIAMI, FL 33124

New Principal Place of Business:

Current Mailing Address:

350 SW 32ND ROAD
MIAMI, FL 33124

New Mailing Address:

FEI Number: 26-3838618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

MOGUL, HARVE A
3250 SW 3RD AVENUE
MIAMI, FL 33129 US

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: HARVE MOGUL

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MOGUL, HARVE
Address: 350 SW 32ND ROAD
City-St-Zip: MIAMI, FL 33124

Title: VD () Delete
Name: GRILLO, CLAUDIA
Address: 350 SW 32ND ROAD
City-St-Zip: MIAMI, FL 33124

Title: DT () Delete
Name: MOLINA, CARLOS
Address: 350 SW 32ND ROAD
City-St-Zip: MIAMI, FL 33124

Title: DS () Delete
Name: KLINGER, TAMMY
Address: 350 SW 32ND ROAD
City-St-Zip: MIAMI, FL 33124

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:

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: CARLOS MOLINA

DT

02/25/2009

Electronic Signature of Signing Officer or Director

Date