2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N99000000080

Entity Name: THE AMERICANS FOR CHILD CARE FIGHTING POVERTY (A NOT FOR PROFIT)CORPORATION

Current Principal Place of Business:

359 MERIDIAN AVE.
SUITE # 103
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

359 MERIDIAN AVE.
SUITE # 103
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 01-0648475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIEBERMAN, MYRON
359 MERIDIAN AVE
SUITE # 103
MIAMI BEACH, FL 33139 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: PDM ( ) Delete
Name: LIEBERMAN, MYRON
Address: 359 MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: MUORO, JOEL PETER
Address: 2420 NW 102 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete
Name: SCHUMAN, BARBARA
Address: 1761 NW 96 TERRANCE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDM (X) Change ( ) Addition
Name: LIEBERMAN, MYRON
Address: 359 MERIDIAN AVE # 103
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change ( ) Addition
Name: MUOIO, JOEL PETER
Address: 2420 NW 102 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D (X) Change ( ) Addition
Name: HALSTEAD, DOUGLAS
Address: 359 MERIDIAN AVE. # 103
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MYRON LIEBERMAN D 04/26/2005

Electronic Signature of Signing Officer or Director — Date