


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N0100002576 1. Entity Name SOUL SAVING STATION DAYCARE CENTER, INC.	
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Principal Place of Business 1880 WASHINGTON AVE OPA LOCKA FL 33054	Mailing Address 1880 WASHINGTON AVE OPA LOCKA FL 33054
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2132280	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	7. Name and Address of New Registered Agent
MURRAY, JASON M 100 SE 2 STREET STE 4000 MIAMI FL 33131	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D	
NAME	MURRAY, JAMES	
STREET ADDRESS	1880 WASHINGTON AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, EULA	
STREET ADDRESS	1880 WASHINGTON AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEAN, MILDRED	
STREET ADDRESS	1880 WASHINGTON AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, EDWARD T	
STREET ADDRESS	1880 WASHINGTON AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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  **James M. Murray** **January 31, 2007**