


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90018 003 ****70.00

DOCUMENT # 709381
 1. Entity Name
ST. ALBAN'S DAY NURSERY, INC.



Principal Place of Business
**3465 BROOKER ST
 MIAMI, FL 33133-4867**

Mailing Address
**3465 BROOKER ST
 MIAMI, FL 33133-4867**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01302007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0766992 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DAWSON, TAMELA
 3465 BROOKER ST
 MIAMI, FL 33133**

7. Name and Address of New Registered Agent
 Name
Sharie Blanton
 Street Address (P.O. Box Number is Not Acceptable)
3465 Brooker Street
 City
Miami FL Zip Code
33133

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: *S Blanton* DATE: **1/30/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is **\$61.25** Due by **May 1, 2007**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	GRIFFITH, BERNARD REV 3481 HIBISCUS STREET MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Greene, Sean 4951 SW 185th Avenue Miramar, FL 33029
TITLE VP	GRENE, SEAN 4951 SW 185TH AVE HOLLYWOOD, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Carlos Vilches 6700 Miramar Parkway Miramar, FL 33023-9897
TITLE T	MILES, JENNING 3471 OAK AVE MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	QUESENBERRY, BILL 1315 CAMPO SANO AVE. MIAMI, FL 33146 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P	CONNER-LANE, CRYSTAL 1441 BRICKELL AVE., 15TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *[Signature]* DATE: **1/30/07** (305) 443-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR