



# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 715290</b> 1. Entity Name <b>EDISON CENTER BUILDING INCORPORATED</b>						<b>FILED</b> <b>06 AUG 21 PM 12:30</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>5598 N W 7TH AVE</b> <b>MIAMI, FL 33127 US</b>				Mailing Address <b>3011 N.W. 171ST STREET</b> <b>MIAMI, FL 33056</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>23-0809780</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SIMMONS, FRANCES</b> <b>3125 N W 42ND STREET</b> <b>MIAMI, FL 33142</b>				Name <b>Robbie J. Meeks</b> Street Address (P.O. Box Number is Not Acceptable) <b>15545 S.W. 153 Street</b> City <b>MIAMI</b> FL <b>33187</b>			
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 <i>Robbie J. Meeks</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>August 15, 2006</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HAMILTON, THOMAS H.</b> <b>3011 NW 171ST STREET</b> <b>MIAMI, FL 33055</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8/8/22</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIS, S. T.</b> <b>9111 LITTLE RIVER BLVD</b> <b>MIAMI, FL</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President (V)</b> <b>Sallie Hargrette</b> <b>436 N.W. 19 Street</b> <b>MIAMI, FL 33136</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEEKS, BOBBIE</b> <b>15545 S.W. 153RD STREET</b> <b>MIAMI, FL 33187</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200079054802</b> <b>08/23/06--01034--015 **61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHRISTMAS, FRANKLIN</b> <b>755 N.W. 47TH TERRACE</b> <b>MIAMI, FL 33127</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>NELSON, RONALD</b> <b>P. O. BOX 552330 N/A</b> <b>CAROL CITY, FL 33055</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2nd Vice President (2nd V)</b> <b>Kenneth Austin</b> <b>61 Kalandar Street</b> <b>OPA-LOCKA, FL 33054</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>SIMMONS, FRANCES</b> <b>3125 N.W. 42ND STREET</b> <b>MIAMI, FL 33142</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Robbie J. Meeks</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>August 15, 2006</b> (305) 218-1930 <small>Daytime Phone #</small>			