

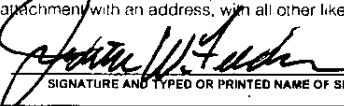


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 743227			
1. Entity Name NORTH MIAMI EARLY CHILDHOOD SCHOOL AND DAY CARE CENTER, INC.			
Principal Place of Business 1200 N.E. 135TH. STREET NORTH MIAMI, FL 33161	Mailing Address 1200 N.E. 135TH. STREET NORTH MIAMI, FL 33161		
DO NOT WRITE IN THIS SPACE			
		01032008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-1896602	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
FELDMAN, JUDITH W 1200 N.E. 135TH ST. NORTH MIAMI, FL 33161		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELDMAN, JUDITH W 13085 ORTEGA LANE NORTH MIAMI, FL 33181		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IBOYI, PATRICIA 660 NW 177 STREET #244 MIAMI, FL 33169		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HELENE, CAROL 431 NW 146 STREET NORTH MIAMI, FL 33168		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PINKNEY-COX, YVONNE 17521 NE 1 COURT NORTH MIAMI BEACH, FL 33162		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCOU, ALICE 13455 NE 10 AVE #408 NORTH MIAMI, FL 33161		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMBREL, IVAN 921 NE 142 STREET NORTH MIAMI, FL 33161		
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: 		JUDITH W. FELDMAN 1/25/2007 305-845-1059	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	