

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Mar 12, 2007**  
**Secretary of State**

DOCUMENT# 770533

**Entity Name:** FAMILY CENTRAL CHILD CARE CENTERS, INC.**Current Principal Place of Business:**840 SW 81ST AVENUE  
NORTH LAUDERDALE, FL 33068**New Principal Place of Business:****Current Mailing Address:**840 SW 81ST AVENUE  
NORTH LAUDERDALE, FL 33068**New Mailing Address:****FEI Number:** 59-2406681**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**WEINTSTEIN, BARBARA A DR.  
840 SW 81ST AVENUE  
NORTH LAUDERDALE, FL 33068 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:** VC ( ) Delete  
**Name:** SCHAGRIN, RICHARD G  
**Address:** 840 SW 81ST AVE  
**City-St-Zip:** N. LAUDERDALE, FL 33068**Title:** P ( ) Delete  
**Name:** WEINSTEIN, BARBARA A ED.D.  
**Address:** 840 SW 81ST AVENUE  
**City-St-Zip:** NORTH LAUDERDALE, FL**Title:** T ( ) Delete  
**Name:** DRESNER, KENNETH W CPA  
**Address:** 840 SW 81ST AVENUE  
**City-St-Zip:** NORTH LAUDERDALE, FL**Title:** C ( ) Delete  
**Name:** REY, JUSTO  
**Address:** 840 SW 81 AVE.  
**City-St-Zip:** NORTH LAUDERDALE, FL 33068**Title:** S ( ) Delete  
**Name:** SCHEMM, TODD  
**Address:** 840 SW 81ST AVE  
**City-St-Zip:** NORTH LAUDERDALE, FL 33068**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T (X) Change ( ) Addition  
**Name:** HOLT, STEVE ESQ.  
**Address:** 840 SW 81ST AVENUE  
**City-St-Zip:** NORTH LAUDERDALE, FL**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BARBARA A. WEINSTEIN

P

03/12/2007

Electronic Signature of Signing Officer or Director

Date