2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005430

BROOKLYN, NY 11214

City-St-Zip:

FILED May 07, 2009 Secretary of State

| Entity Nai | me: BRIENZA'S EDUCARE INC. | | · | |
|---|--|---|--|--|
| Current P | rincipal Place of Business: | New Principal Place of | Business: | |
| 1762 BENS BROOKLY | SON AVE 'N, NY 11214 | | | |
| Current Mailing Address: | | New Mailing Address: | New Mailing Address: | |
| 1762 BENS BROOKLY | SON AVE 'N, NY 11214 | | | |
| | : 26-1537523 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did n | - | Certificate of Status Desired () | |
| Name and | Address of Current Registered Agent: | Name and Address of | New Registered Agent: | |
| AVENTUR The above | COUNTRY CLUB DR APT 1215 RA, FL 33180 US named entity submits this statement for the | purpose of changing its registered o | office or registered agent, or both, | |
| in the State | e of Florida. | | | |
| SIGNATU | | | | |
| | Electronic Signature of Registered Ag | ent | Date | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | CP () Delete BRIENZA, LILLIAN 1762 BENSON AVE BROOKLYN, NY 11214 | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: City-St-Zip: | DS () Delete CAPALDO, FRANK 1762 BENSON AVE BROOKLYN, NY 11214 | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: | DT () Delete MULGREW, KATHLEEN 1762 BENSON AVE | Title: (Name: Address: |) Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: LILLIAN BRIENZA CP 05/07/2009