

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L62080

FILED
Jan 12, 2006
Secretary of State

Entity Name: NEIGHBORHOOD KIDS PRESCHOOL OF NOB HILL, INC.

Current Principal Place of Business:

10651 W. OAKLAND PARK BLVD.
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10651 W. OAKLAND PARK BLVD.
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-0283486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURRAY, AMOS
2302 BAY DR
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

MURRAY, JACQUELYN
2302 BAY DR
POMPANO BEACH, FL 33060 US

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: JACQUELYN MURRAY

01/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMOS-MURRAY, JACQUELYN
Address: 2302 BAY DR.
City-St-Zip: POMPAN0 BEACH, FL 33062

Title: V () Delete
Name: AMOS-FOX, LAURIE
Address: 2741 NE 29 CT
City-St-Zip: FT LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE FOX

V

01/12/2006

Electronic Signature of Signing Officer or Director

Date