2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006
Secretary of State

DOCUMENT# N00000001119

Entity Name: THE EXCELLENT CHILD LEARNING CENTER AND GREATGOD ANOINTED WORD CENTER, INC.

Current Principal Place of Business:

790 WOODBINE WAY
724
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3764
W. PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 65-0932912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TURNER, DELORES E DR.PH.D
790 WOODBINE WAY
PALM BEACH GARDENS, FL 33418 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: CEO ( ) Delete
Name: TURNER, DELORES E
Address: 790 WOODBINE WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD ( ) Delete
Name: JOE, MELINDA
Address: 380 W. 28TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: TD ( ) Delete
Name: JOE, MELLO
Address: 909 29TH STREET
City-St-Zip: W. PALM BEACH, FL 33407

Title: D ( ) Delete
Name: WILEY, MELISSA
Address: 2959 W. 31ST STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D ( ) Delete
Name: JOE, MIRIAM
Address: 410 W. 27TH STREET
City-St-Zip: W. PALM BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DELORES TURNER, PHD CEO 06/07/2006

Electronic Signature of Signing Officer or Director — Date