


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90075 014 \*\*\*\*70.00

<b>DOCUMENT # N01000002576</b>	
1. Entity Name <b>SOUL SAVING STATION DAYCARE CENTER, INC.</b>	


Principal Place of Business <b>1880 WASHINGTON AVE OPA LOCKA, FL 33054</b>	Mailing Address <b>1880 WASHINGTON AVE OPA LOCKA, FL 33054</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04122005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2132280</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>MURRAY, JASON M 100 SE 2 STREET STE 4000 MIAMI, FL 33131</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, JAMES</b>	NAME	
STREET ADDRESS	<b>1900 NW 171 ST</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 33055</b>	CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, EULA</b>	NAME	
STREET ADDRESS	<b>1900 NW 171 ST</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 33055</b>	CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEAN, MILDRED</b>	NAME	
STREET ADDRESS	<b>262 NE 141 ST</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 33161</b>	CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, EDWARD T</b>	NAME	
STREET ADDRESS	<b>2435 NW 159 TERRACE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>OPA LOCKA, FL 33054</b>	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mildred Jean / Mildred Jean (Sec.) Date: 04/13/05 Daytime Phone #: 305-688-4543