


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N0100002576 1. Entity Name SOUL SAVING STATION DAYCARE CENTER, INC.	
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Principal Place of Business 1880 WASHINGTON AVE OPA LOCKA FL 33054	Mailing Address 1880 WASHINGTON AVE OPA LOCKA FL 33054
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent MURRAY, JASON M 100 SE 2 STREET STE 4000 MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MURRAY, JAMES
STREET ADDRESS	1880 WASHINGTON AVE
CITY-ST-ZIP	OPA LOCKA FL 33054
TITLE	D <input type="checkbox"/> Delete
NAME	MURRAY, EULA
STREET ADDRESS	1880 WASHINGTON AVE
CITY-ST-ZIP	OPA LOCKA FL 33054
TITLE	D <input type="checkbox"/> Delete
NAME	JEAN, MILDRED
STREET ADDRESS	1880 WASHINGTON AVE
CITY-ST-ZIP	OPA LOCKA FL 33054
TITLE	D <input type="checkbox"/> Delete
NAME	THOMAS, EDWARD T
STREET ADDRESS	1880 WASHINGTON AVE
CITY-ST-ZIP	OPA LOCKA FL 33054
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000752466
05/21/07-80017-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 James M. Murray James M. Murray January 31, 2007