2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2010
Secretary of State

DOCUMENT# N01000007661

Entity Name: THREE LITTLE FLOWERS CENTER, INC.

Current Principal Place of Business:

17039 NW 19 ST.
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

PO BOX 82 1031
PEMBROKE PINES, FL 330821031

New Mailing Address:

FEI Number: 65-1148956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

JEAN-LOUIS, WILHEL ATD
17039 NW 19 ST.
PEMBROKE PINES, FL 33028 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: PD
Name: GUERRIER, NANCY
Address: 720 SW 93RD AVE.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: ATD
Name: JEAN-LOUIS, WILHEL
Address: 17039 NW 19 ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD
Name: FABRE, MARTINE
Address: 15569 NW 12TH CT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD
Name: BENJAMIN, GUILHENE
Address: 18691 SW 41 ST.
City-St-Zip: MIRAMAR, FL 33029

Title: VPD
Name: PIERRE, YOLANDE
Address: 6621 COCONUT DR.
City-St-Zip: MIRAMAR, FL 33023

I hereby 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 all other like empowered.

SIGNATURE: WILHEL R JEAN-LOUIS ATD 05/01/2010
Electronic Signature of Signing Officer or Director Date