2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004209

1. Entity Name
THE DEVELOPMENTAL EDUCATIONAL ENHANCEMENT PROGRAM, INC.

Principal Place of Business	Mailing Address
268 NW 48 ST MIAMI, FL 33127	268 NW 48 ST MIAMI, FL 33127

01292006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3861826
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HICKS, JOHN B JR
268 NW 48 ST
MIAMI, FL 33127

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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)

Filing Fee is $61.25
Due by May 1, 2006

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

100000415828
02/11/06-80097-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HICKS, JOHN B JR
STREET ADDRESS	1371 FAIRFAX CIR
CITY-ST-ZIP	BOYNTON BEACH, FL 33462
TITLE	T
NAME	HICKS, MILDRED
STREET ADDRESS	1723 NW 40 ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	T
NAME	DAVIS, PAMELA
STREET ADDRESS	512 NW 48 ST
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 1/29/06 305 757-1670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #