

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000007936

1. Entity Name
A MOTHER'S TOUCH CHILD CARE ACADEMY, INC.



FILED

07 SEP 14 PM 4: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7764 NW 10TH AVENUE
MIAMI, FL 33150

Mailing Address
7764 NW 10TH AVENUE
MIAMI, FL 33150



07232007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 83-0353719	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, AVADEL
7764 NW 10TH AVENUE
MIAMI, FL 33150

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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 Avadel Johnson 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 September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JOHNSON, AVADEL 7764 NW 10TH AVENUE MIAMI, FL 33150
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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: Avadel Johnson Date _____ Daytime Phone # (305) 542-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR