

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91525 007 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10090494

DOCUMENT # N02000007936			
1. Entity Name A MOTHER'S TOUCH CHILD CARE ACADEMY, INC.			
Principal Place of Business 7764 NW 10TH AVENUE MIAMI, FL 33150		Mailing Address 7764 NW 10TH AVENUE MIAMI, FL 33150	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, AVADEL 7764 NW 10TH AVENUE MIAMI, FL 33150		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Avadel Johnson</u> DATE <u>4/24/03</u> <small>(NOTE: Registered Agent's signature required when relinquishing)</small>			
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	PTD	<input type="checkbox"/> Delete	
NAME	JOHNSON, AVADEL		
STREET ADDRESS	7764 NW 10TH AVENUE		
CITY-ST-ZIP	MIAMI, FL 33150		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	BROWN, STANLEY		
STREET ADDRESS	26688 SW 123RD PLACE		
CITY-ST-ZIP	HOMESTEAD, FL 33132		
TITLE	SD	<input type="checkbox"/> Delete	
NAME	MATTHEWS, ENID		
STREET ADDRESS	26688 SW 123RD PLACE		
CITY-ST-ZIP	HOMESTEAD, FL 33132		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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			
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 517, 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: <u>Avadel Johnson</u> DATE <u>4/24/03</u> <small>SIGNATURE (WHY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>			

CR2E037 (10/02)