

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006235

FILED
Apr 27, 2005
Secretary of State

Entity Name: TRUTH COMPASSION DAY CARE AND ACADEMY INC.

Current Principal Place of Business:

4220 NW 7TH AVE.
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

775 NW 123RD ST.
MIAMI, FL 33168

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEILLE, MAURICE L
4220 NW 7TH AVE.
MIAMI, FL 33127 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: D () Delete
Name: NEILLE, MAURICE L SR.
Address: 775 NW 123RD ST.
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: RAHMING, MATTHEW
Address: 4241 NW 19TH ST., APT. 171
City-St-Zip: LAUDERDALE, FL 33313

Title: D () Delete
Name: BUCKLEY, MARSHA
Address: 180 NE 123RD ST.
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MECHELE NEILLE

TD

04/27/2005

Electronic Signature of Signing Officer or Director

Date