2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008
Secretary of State

DOCUMENT# N03000006584

Entity Name: OUR CHILD CARE, INC.

Current Principal Place of Business:

55 NW 59TH ST
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

55 NW 59TH ST
MIAMI, FL 33127

New Mailing Address:

FEI Number: 41-2105734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELAIN, PASCALE
13500 S.W. 69TH AVENUE
MIAMI, FL 33156 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: DS. ( ) Delete
Name: APOLLON, CHANTAL
Address: 2691-B DAY AVE
City-St-Zip: MIAMI, FL 33133

Title: D.VP ( ) Delete
Name: DELAIN, PASCALE
Address: 13500 SW 69TH AVE
City-St-Zip: MIAMI, FL 33156

Title: D.P. ( ) Delete
Name: ELIE, MARTINE
Address: 10214 PRINCE PLACE, APT T1
City-St-Zip: LARGO, FL 20774

Title: D.AS ( ) Delete
Name: PIERRE, PAOLA
Address: 55 N..W 59TH STREET
City-St-Zip: MIAMI, FL 33127

Title: D.T ( ) Delete
Name: SALIBA, PIERRE
Address: 55 N..W 59TH STREET
City-St-Zip: MIAMI, FL 33127

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

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

Title: D ( ) Change (X) Addition
Name: SICLAIT, EDOUARD
Address: 55 N.W. 59TH STREET
City-St-Zip: MIAMI, FL 33127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PASCALE DELAIN DIR 02/26/2008

Electronic Signature of Signing Officer or Director — Date