2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010077

FILED Apr 12, 2007 Secretary of State

Entity Name: CARMEN L. STEWART APOSTOLIC INSTITUTE OF LEARNING INC.

Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
767 S. STATE RD 7 SUITE 15 MARGATE, FL 33068			SUITE 15	900 SOUTH STATE ROAD 7 SUITE 15 MARGATE, FL 33068		
Current Mailing Address:				New Mailing Address:		
767 S. STATE RD 7			900 SOLIT	900 SOUTH STATE ROAD 7		
SUITE 15	E, FL 33068		SUITE 15	E, FL 33068		
FEI Number	: 57-1192337	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Des	ired (X)	
Name and	d Address of (Current Registered Agent:	Name and	Address of New Registered Agen	t:	
BROWN, ANN MARIE 441 SOUTH STATE RD 7 SUITE 10 MARGATE, FL 33068 US			900 SOÚT	BROWN, ANN MARIE 900 SOUTH STATE RD 7 MARGATE, FL 33068 US		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing	ts registered office or registered ager	nt, or both,	
SIGNATURE:				04/12/2007		
	Electron	nic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	P (MURRAY, MAR 3671 HIGH PIN CORAL SPRIN	IE DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D (STEWART, CA 4133 NW 67 C CORAL SPRIN	Т	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	BROWN, ANN- 2926 E FONTA		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	CAMPBELL, C	ATE RD 7, SUITE 10	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	BROWN, JEAN 9816 ROYAL F		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PATTERSON, 0 517 WEST CAI		Title: Name: Address: City-St-Zip:	SEC. (X) Change () Addition EWEN, LAVERNE 9816 ROYAL PALM BLVD CORAL SPRINGS, FL 33065 US		

I hereby certify that the information supplied with this filing does not qualify for the 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: MARLENE MURRAY P 04/12/2007