## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # N04000000881\*

1. Entity Name

VICKIE'S LEARNING CENTER INC.



FILED Mar 12, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2775 NW 46 ST MIAMI, FL 33142 2775 NW 46 ST MIAMI, FL 33142



03072007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0970750

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, ERLENE 2775 NW 46 ST MIAMI, FL 33142

## DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2007  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000664206 03/22/07-80035-012 61.25

OFFICERS AND DIRECTORS 10. TITLE NAME FORD, ERLENE J STREET ADDRESS 1960 NW 189 TERR CITY-ST-ZIP MIAMI, FL 33056 NAME TANKS, MARTHA STREET ADDRESS 9310 LITTLE RIVER DR CITY-ST-7IP MIAMI, FL 33147 NAME TANKS, THOMAS STREET ADDRESS 9310 LITTLE RIVER DR CITY-ST-ZIP MIAMI, FL 33147 FORD, JAMES L NAME STREET ADDRESS 1960 NW 189TH TERR CITY-ST-ZIP MIAMI, FL 33056 TITLE BRATHWAITE, ELVIRA STREET ADDRESS 2001 NW 184TH ST CITY-ST-ZIP MIAMI, FL 33056 TITLE NAME ROBINSON, SUSIE STREET ADDRESS 1951 NW 189 ST CITY-ST-ZIP MIAMI, FL 33056

DO NOT WRITE IN THIS SPACE

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: MATTER TO THE OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR VICE President Date Dayling Phone & Dayling Phone &