2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N04000001830

Entity Name: INVEST IN OUR CHILDREN, INC.

Current Principal Place of Business:

19039 NW 77 PLACE
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

19039 NW 77 PLACE
HIALEAH, FL 33015

New Mailing Address:

FEI Number: 01-0808222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESTER, NATHANIEL
19039 NW 77 PLACE
HIALEAH, FL 33015 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: C ( ) Delete
Name: MCCRAY, KEITH
Address: 8203 WINDSOR DRIVE
City-St-Zip: MIRAMAR, FL 33023

Title: VC ( ) Delete
Name: GRAY, NOEL
Address: 791 HERITAGE DRIVE
City-St-Zip: WESTON, FL 33326

Title: AS ( ) Delete
Name: BARNES, GLORIA
Address: 1720 NW 195TH STREET
City-St-Zip: MIAMI, FL 33056

Title: T ( ) Delete
Name: MCCRAY, NATALIE
Address: 8203 WINDSOR DRIVE
City-St-Zip: MIRAMAR, FL 33023

Title: PCE0 ( ) Delete
Name: LESTER, NATHANIEL SR
Address: 19039 NW 77TH PLACE
City-St-Zip: HIALEAH, FL 33015

Title: S ( ) Delete
Name: FLAKES, TERRIA
Address: 95 NE 159TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: ( ) 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: NATHANIEL LESTER, SR. PCEO 04/30/2005

Electronic Signature of Signing Officer or Director — Date