2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007344

FILED Jul 11, 2005 Secretary of State

Entity Name: MATTIE KOONCE LEARNING & TECHNOLOGY CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

245 NW 8TH STREET MIAMI, FL 33136

Current Mailing Address: New Mailing Address:

245 NW 8TH STREET P. O. BOX 012296 MIAMI, FL 33136 P. O. BOX 012296 MIAMI, FL 33101

FEI Number: 13-4285149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TUCKER FUNG-A-FAT, CLAUDETTE P 245 NW 8TH STREET MIAMI, FL 33136 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P/ED (X) Change () Addition

 Name:
 GADDIS, DWAYNE REV.
 Name:
 FUNG-A-FAT, CLAUDETTE P MS.

 Address:
 18111 NW 68TH AVE
 Address:
 915 N.W. 1ST AVE, APT H612

 City-St-Zip:
 HIALEAH, FL 33015
 City-St-Zip:
 MIAMI, FL 33136

Title: VD () Delete Title: VP/S (X) Change () Addition Name: TUCKER FUNG-A-FAT, CLAUDETTE P Name: MCKNIGHT, IRBY

Address: 915 NW 1ST AVENUE #H-612 Address: P. O. BOX 012296
City-St-Zip: MIAMI, FL 33136 City-St-Zip: MIAMI, FL 33101

Title: O () Delete Title: CIO (X) Change () Addition

 Name:
 MOHAMMED, CAMILE
 Name:
 MOHAMMED, CAMILE

 Address:
 8990 NW 62ND STREET
 Address:
 8990 NW 62ND STREET

 City-St-Zip:
 TAMARAC, FL 33321
 City-St-Zip:
 TAMARAC, FL 33321

 $\label{eq:title:continuous} \begin{tabular}{lll} Title: & C & (\) Delete & Title: & VC & (X) Change (\) Addition \\ \end{tabular}$

 Name:
 KEELER, KERRY
 Name:
 KEELER, KERRY

 Address:
 245 NW 8TH STREET
 Address:
 P.O. BOX 012296

 City-St-Zip:
 MIAMI, FL 33136
 City-St-Zip:
 MIAMI, FL 33101

 $\label{eq:title: C (X) Change () Addition} \end{Title:} \end{C} \end{C} \end{C} (X) Change () Addition$

Name: HOLLEY, JOCELLA Name: BLAIR, JEANELLA

Address: 245 NW 8TH STREET Address: 9100 WILSHIRE BLVD, SUITE 700 EAST

City-St-Zip: MIAMI, FL 33136 City-St-Zip: BEVERLY HILLS, CA 90212

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: CLAUDETTE P. TUCKER FUNG-A-FAT P/ED 07/11/2005

Electronic Signature of Signing Officer or Director

Date