2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007702

Entity Name: MIAMI CHRISTIAN HOME SCHOOL CENTER, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6965 GLENEAGLE DR 55 NE 100 STREET

MIAMI LAKES, FL 33014 MIAMI SHORES, FL 33138

Current Mailing Address: New Mailing Address:

6965 GLENEAGLE DR 55 NE 100 STREET

MIAMI LAKES, FL 33014 MIAMI SHORES, FL 33138

FEI Number: 27-0104375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DRAKE, ROBBIE ESSINGTON, DOROTHY S
6965 GLENEAGLE DR 55 NE 100 STREET

MIAMI LAKES, FL 33014 US MIAMI SHORES, FL 33138 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: DOROTHY S. ESSINGTON 04/27/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 DRAKE, ROBBIE J
 Name:
 ESSINGTON, DOROTHY S

 Address:
 6965 GLENEAGLE DR
 Address:
 55 NE 100 STREET

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:
 MIAMI SHORES, FL 33138

Title: D () Delete Title: D (X) Change () Addition Name: DRAKE, KEN Name: DANNON-MARIENA, JANNET

Address: 6965 GLENEAGLE DR Address: 45 NW 96TH STREET
City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI SHORES, FL 33150

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 HOWARD, JANELL

 Address:
 Address:
 1421 NE 101ST STREET

 City-St-Zip:
 City-St-Zip:
 MIAMI SHORES, FL 33138

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 FELDNER, KAREN

 Address:
 775 S SHORE DRIVE

 City-St-Zip:
 City-St-Zip:
 MIAMI BEACH, FL 33141

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: DOROTHY S. ESSINGTON D 04/27/2007