2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# N04000009764

Entity Name: MIAMI-DADE FAMILY LEARNING PARTNERSHIP, INC.

Current Principal Place of Business:

3250 S W 3RD AVE 5TH FL
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

3250 S W 3RD AVE 5TH FL
MIAMI, FL 33129

New Mailing Address:

10800 BISCAYNE BLVD., STE 500
MIAMI, FL 33161

FEI Number: 14-1916606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R
201 ALHAMBRA CIR STE 601
CORAL GABLES, FL 33134 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: D ( ) Delete
Name: BLAIR, LISA
Address: 3250 S W 3RD AVE 5TH FL
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: BLAIR, JERROLD
Address: 300 S POINTE DR APT 3103
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: VENZER, ELLEN S JUDGE
Address: 6850 S W 115TH ST
City-St-Zip: PINECREST, FL 33156

Title: D ( ) Delete
Name: HOOD, CHARLES
Address: 11900 GRIFFING BLVD
City-St-Zip: BISCAYNE PARK, FL 33161

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:

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: LISA BLAIR D 02/08/2006

Electronic Signature of Signing Officer or Director — Date