

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002461

FILED
Apr 18, 2006
Secretary of State

Entity Name: EMMANUEL'S LEARNING CENTER, INC.

Current Principal Place of Business:

6633 NW 174TH TERRACE
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

6633 NW 174TH TERRACE
MIAMI, FL 33015

New Mailing Address:

FEI Number: 20-2556389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMMANUEL, KIMBERLY
6633 NW 174TH TERRACE
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

EMMANUEL, KIMBERLEY F
6633 NW 174TH TERRACE
MIAMI, FL 33015 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: KIMBERLEY F. EMMANUEL

04/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EMMANUEL, KIMBERLY
Address: 6633 NW 174TH TERRACE
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: EDINGTON, VERNA
Address: 6633 NW 174TH TERRACE
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: ST. PRIE, ELIZABETH
Address: 6633 NW 174TH TERRACE
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: EMMANUEL, NICHOLAS
Address: 6633 NW 174TH TERRACE
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: STEPHENS, CLYDE
Address: 6633 NW 174TH TERRACE
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: SMITH, THIRLEE JR.
Address: 6633 NW 174TH TERRACE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EMMANUEL, KIMBERLEY F
Address: 6633 NW 174TH TERRACE
City-St-Zip: MIAMI, FL 33015

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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City-St-Zip:

Title: () Change () Addition
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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: KIMBERLEY F. EMMANUEL

D

04/18/2006

Electronic Signature of Signing Officer or Director

Date