
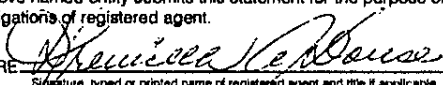


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000008132			
1. Entity Name GROWING MINDS TEACHING CENTER, INC.			
Principal Place of Business 20715 NW 2 AVE MIAMI, FL 33169		Mailing Address: 2261 NW 170 STREET, 18440 NORTHWEST 32ND AVENUE MIAMI GARDENS, FL 33056	
DO NOT WRITE IN THIS SPACE			
		 01082008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 20-4132798	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  01-18-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000784350 01/16/08-80050-020 70.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DOUSE, DREW CILLA A 20715 NW 2 AVE MIAMI, FL 33169		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, CHRISTINE 20715 NW 2 AVE MIAMI, FL 33169		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAINES, JUNE 20715 NW 2 AVE MIAMI, FL 33169		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  01-08-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			