2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007
Secretary of State

DOCUMENT# N06000005320

Entity Name: BRIGHTER FUTURE EMPOWERMENT PROGRAM, INC.

Current Principal Place of Business:

3610 NW 214TH ST
MIAMI, FL 33156

New Principal Place of Business:

3003 207 STREET
MIAMI, FL 33156

Current Mailing Address:

3610 NW 214TH ST
MIAMI, FL 33156

New Mailing Address:

3003 NW 207 STREET
MIAMI, FL 33156

FEI Number: 75-3217438 **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:

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: MCKENZIE, SULLIVAN
Address: 13709 MEMORIAL HWY
City-St-Zip: N MIAMI, FL 33161

Title: D ( ) Delete
Name: CUNNINGHAM, WANDA
Address: 9400 NW 5TH ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: ZONICLE, NELSON
Address: 3360 NW 195TH TERR
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete
Name: HOLMES, DELORES
Address: 4763 PURITAN CIR
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete
Name: HICKS, BRENDA J
Address: 860 NW 213TH TERRACE, APT 302
City-St-Zip: MIAMI, FL 33169

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:

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

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: BRENDA HICKS VP 07/17/2007

Electronic Signature of Signing Officer or Director — Date