2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005632

FILED May 04, 2008 Secretary of State

Entity Name: THE ALLIANCE FOR EARLY CARE AND EDUCATION, INC.

Current Principal Place of Business: New Principal Place of Business: 10889 SW 88 STREET MIAMI, FL 33176 **Current Mailing Address: New Mailing Address:** 10889 SW 88 STREET MIAMI, FL 33176 FFI Number: FEI Number Applied For (X) 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: Name and Address of New Registered Agent: DIRECTORS UNITED FOR QUALITY, INC. 10889 SW 88 STREET MIAMI, FL 33176 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CARMONA-SANCHEZ, LINDA CARMONA-SANCHEZ, LINDA Name: Name: 10889 SW 88 STREET Address: 10889 SW 88 STREET Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33176 Title: () Delete Title: PD (X) Change () Addition BEZOS, ELIZABETH Name: BEZOS, ELIZABETH Name: Address: 2720 W 1 AVENUE Address: 2720 W 1 AVENUE City-St-Zip: HIALEAH, FL 33010 City-St-Zip: HIALEAH, FL 33010 Title: () Delete Title: (X) Change () Addition LA VILLA, SILVIA GUERRA, ARMANDO Name: Name: 3630 NE 1 COURT Address: Address: 10725 SW 217 STREET, #308 City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33179 Title: () Delete Title: (X) Change () Addition MONTES, GLADYS Name: Name: VILLARREAL, TESSY 9704 SW 24 STREET Address: 3250 SW 3 AVENUE Address: City-St-Zip: MIAMI, FL 33129 City-St-Zip: MIAMI, FL 33165 Title: () Delete Title: () Change (X) Addition MORENO, RYAN Name: Name: 16400 SW 147 AVE. Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33187

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: LINDA CARMONA-SANCHEZ PD 05/04/2008