

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009342

**FILED**  
**May 22, 2012**  
**Secretary of State**

**Entity Name:** MY OPTIONS EDUCATIONAL RESOURCE AND SUPPORT CENTER INC.

**Current Principal Place of Business:**

15301 SW 102ND COURT  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

15301 SW 102ND COURT  
MIAMI, FL 33157

**New Mailing Address:**

P.O.BOX 570569  
MIAMI, FL 33257

**FEI Number:** 45-4144444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

THOMPSON MILLER, KAREN D  
15301 SW 102ND COURT  
MIAMI, FL 33157 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: SECR  
Name: DAVIS, DEBORAH  
Address: P.O. BOX 570569  
City-St-Zip: MIAMI, FL 33257

Title: VICE  
Name: GREEN, LORI  
Address: P.O. BOX 570569  
City-St-Zip: MIAMI, FL 33257

Title: TREA  
Name: DAVIS, DEBORAH  
Address: P.O. BOX 570569  
City-St-Zip: MIAMI, FL 33257

Title: CHAI  
Name: THOMPSON MILLER, KAREN D  
Address: P.O. BOX 570569  
City-St-Zip: MIAMI, FL 33257

I hereby 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 all other like empowered.

**SIGNATURE:** KAREN D. THOMPSON MILLER

CHAI

05/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date