2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38387

FILED Jul 19, 2006 Secretary of State

Entity Name: ADOLESCENT PRIMARY PREGNANCY PREVENTION LEARNING ENRICHMENT PROJECT, INC.

Current Principal Place of Business: New Principal Place of Business:

2351 NW 196 STREET 290 N.W. 183 ST. MIAMI, FL 33056 MIAMI, FL 33169

Current Mailing Address: New Mailing Address:

2351 NW 196 STREET 290 N.W. 183 ST. MIAMI, FL 33056 MIAMI, FL 33169

FEI Number: 65-0200458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

GAY, A. NADINE GAY, JOHN L 2351 NW 196 STREET 290 N.W. 183 ST. MIAMI, FL 33056 US MIAMI, FL 33169 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: JOHN L. GAY 07/19/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: GAY, A. NADINE Name: GAY, JOHN L

 Address:
 2351 NW 196 STREET
 Address:
 290 N.W. 183 ST.

 City-St-Zip:
 MIAMI, FL 33056
 City-St-Zip:
 MIAMI, FL 33169

Title: D () Delete Title: VP (X) Change () Addition Name: WILLIAMS-NEWBON, MAMIE Name: GAY, A. NADINE

 Address:
 8159 NW 12 COURT
 Address:
 290 N.W. 183 ST.

 City-St-Zip:
 MIAMI, FL 33147
 City-St-Zip:
 MIAMI, FL 33169

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 BURKE, PERNELLA
 Name:
 BURKE, PERNELLA

 Address:
 1380 NW 96 STREET
 Address:
 1380 NW. 96 ST.

 City-St-Zip:
 MIAMI, FL 33147
 City-St-Zip:
 MIAMI, FL 33147

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: JOHN L. GAY P 07/19/2006