

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 12, 2007  
Secretary of State**

DOCUMENT# N44088

Entity Name: PARADISE CHRISTIAN SCHOOL & DEVELOPMENT CENTER, INC.

**Current Principal Place of Business:**

6184 W 21 COURT  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

6184 W 21 COURT  
HIALEAH, FL 33016

**New Mailing Address:**

FEI Number: 65-0320987      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FLUNEY, EILEEN DR  
6184 WEST 21 COURT  
HIALEAH, FL 33016      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: TT      ( ) Delete  
Name: SPRINGER, ZORAIDA R  
Address: 7405 W 14TH AVE  
City-St-Zip: HIALEAH, FL 33014

Title: TP      ( ) Delete  
Name: FLUNEY, EILEEN DR.  
Address: 6184 WEST 21 COURT  
City-St-Zip: HIALEAH, FL 33016

Title: S      ( ) Delete  
Name: PARED, GENEVIEVE S  
Address: 12880 N. BAYSHORE DR.  
City-St-Zip: NORTH MIAMI, FL 33181

Title: VT      ( ) Delete  
Name: SPRINGER, WILLIAM A  
Address: 7405 W 14TH AVENUE  
City-St-Zip: HIALEAH, FL 33014

**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:

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: DR. EILEEN FLUNEY

D

01/12/2007

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

\_\_\_\_\_  
Date