2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N96000002895

Entity Name: CHILDREN'S LEARNING CENTER OF RICHMOND HEIGHTS, INC.

Current Principal Place of Business:

11111 PINKSTON DR.
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

11111 PINKSTON DR.
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0914273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JACKSON, ALPHONSO REV
15201 S W 157 STREET
MIAMI, FL 33187 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:	VD	( ) Delete
Name:	COLEMAN, LINETTE DR	
Address:	14954 SW 168 TERRACE	
City-St-Zip:	MIAMI, FL 33187 US	
Title:	D	( ) Delete
Name:	WILLIAMS, EUGENE MR	
Address:	14825 SW 104 PLACE	
City-St-Zip:	MIAMI, FL 33176 US	
Title:	PD	( ) Delete
Name:	JACKSON, ALPHONSO REV	
Address:	15201 SW 167 STREET	
City-St-Zip:	MIAMI, FL 33187	
Title:	D	( ) Delete
Name:	KEMP, WILKES MR	
Address:	12750 SW 92 COURT	
City-St-Zip:	MIAMI, FL 33176 US	
Title:	D	( ) Delete
Name:	MARSHALL, WYLAMERLE DR	
Address:	13900 HARRISON STREET	
City-St-Zip:	MIAMI, FL 33176 US	
Title:	D	(X) Delete
Name:	JOHNSON, ELIZABETH MS	
Address:	16551 SW 104 AVENUE	
City-St-Zip:	MIAMI, FL 33157 US	

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:	
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: ALPHONSO JACKSON SR PD 04/24/2007

Electronic Signature of Signing Officer or Director — Date