

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90191 011 ****70.00

**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N96000006419					
1. Entity Name SPNA EDUCATIONAL DEVELOPMENT CENTER, INC.					
Principal Place of Business 8129 NW 12TH COURT MIAMI, FL 33147			Mailing Address 8129 NW 12TH COURT MIAMI, FL 33147		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 65-0841940				Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				04122006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MACK, J D 9820 NW 7TH AVENUE MIAMI, FL 33150			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent!					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PO	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SPARKS, SHIRLEY		NAME		
STREET ADDRESS	2841 N.W. 184TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33056		CITY - ST - ZIP		
TITLE	VO	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BROWN, CAROL		NAME		
STREET ADDRESS	8030 N.W. 8TH AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33150		CITY - ST - ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	POWELL, GLORIA		NAME		
STREET ADDRESS	1045 N.W. 110TH ST.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33150		CITY - ST - ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HASLEM, CHARLOTTE		NAME		
STREET ADDRESS	631 N.W. 77TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33169		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Shirley Sparks</i>			4/18/06 305-696-9590		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE DAYTIME PHONE		