2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# N97000004488

Entity Name: MY BROTHER'S KEEPER CENTER, INC.

Current Principal Place of Business:

311 N. 25TH STREET
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

311 N. 25TH STREET
FORT PIERCE, FL 34947

New Mailing Address:

FEI Number: 65-0777598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAURIL, OSMI
1102 YORK AVE
FORT PIERCE, FL 34982 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: PD ( ) Delete
Name: MAURIL, OSMI
Address: 1102 YORK AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete
Name: PLUVIOSE, MARIE R
Address: 2686 WALTON RD.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D ( ) Delete
Name: DELITANE, ALEXIS
Address: 1505 HAVANA AVENUE
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete
Name: SAUDEL, JOSEPH
Address: 2922 SHERWOOD LANE
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete
Name: VALSAINT, LONAISE
Address: 313 N. 25TH STREET
City-St-Zip: FT. PIERCE, FL 34947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BELIZAIRE, ARMSTRONG
Address: 1107 SW ESTAUGH AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D (X) Change ( ) Addition
Name: MERISIER, SAMUEL
Address: 621WHITE WATER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D (X) Change ( ) Addition
Name: VALSAINT, LANAISE
Address: 313 N. 25TH STREET
City-St-Zip: FT. PIERCE, FL 34947

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: OSMI MAURIL P 04/20/2007

Electronic Signature of Signing Officer or Director — Date