2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N99000002178

Entity Name: JAY'S LEARNING CENTER I, INC.

Current Principal Place of Business:

1111 NW 55TH STREET
MIAMI, FL 33157

New Principal Place of Business:

1111 NW 55TH STREET
MIAMI, FL 33127

Current Mailing Address:

1111 NW 55TH STREET
MIAMI, FL 33157

New Mailing Address:

1111 NW 55TH STREET
MIAMI, FL 33127

FEI Number: 65-0809764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHN, CROCKER
10110 NORTH MIAMI AVE
MIAMI SHORES, FL 33150 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:	JOHN, CROCKER	
Address:	10110 NORTH MIAMI AVE	
City-St-Zip:	MIAMI SHORES, FL 33150	
Title:	T	( ) Delete
Name:	CROCKER, CURTIS J	
Address:	1436 HUNNERSFORD	
City-St-Zip:	STONE MT, GA 30088	
Title:	S	( ) Delete
Name:	JOHNSON, NATASHA L	
Address:	17955 NW 18TH AVE	
City-St-Zip:	MIAMI, FL 33056	
Title:	VP	( ) Delete
Name:	CROCKER, BETTY J	
Address:	10110 N. MIAMI AVE	
City-St-Zip:	MIAMI SHORES, FL 33150	
Title:	SGT	( ) Delete
Name:	ALAN, FORTUNE	
Address:	1157 NW 37TH STREET	
City-St-Zip:	MIAMI, FL 33142	
Title:	PAR	(X) Delete
Name:	RENE, RUTHERFORD	
Address:	3701 NW 173RD TERR	
City-St-Zip:	MIAMI, FL 33056	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	RENEE, RUTHERFORD	
Address:	3501 NW 173RD TERR	
City-St-Zip:	MIAMI, FL 3056	
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 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 CROCKER PRES 02/03/2009

Electronic Signature of Signing Officer or Director — Date