


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P02000053648 |  |
| 1. Entity Name AFFORDABLE CHILD CARE SCHOOL, INC. | |

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| Principal Place of Business 2571 NW 16 STREET FT LAUDERDALE, FL 33311 | Mailing Address 2571 NW 16 STREET FT LAUDERDALE, FL 33311 |
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04162007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-1089127 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent MOORE, MELISA C 2571 NW 16 STREET FT LAUDERDALE, FL 33311 |
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IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000723075 05/02/07-80057-007 150.00 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOORE, MELISA C 2571 NW 16 STREET FT LAUDERDALE, FL 33311 |
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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 607, 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: Melisa C Moore **4-15-07 954-560-7226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #