2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005
Secretary of State

DOCUMENT# P04000134697

Entity Name: LAKEVIEW EDUCATIONAL DAY CARE CENTER, INC.

Current Principal Place of Business:

1540 NW 11 STREET
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

1540 NW 11 STREET
MIAMI, FL 33167

New Mailing Address:

FEI Number: 59-0823949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, L.G.
99 NW 183RD STREET SUITE 232
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

JOHNSON, L. G
99 NW 183RD STREET SUITE 232
MIAMI, FL 33169 US

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: L.G. JOHNSON 03/18/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: JOHNSON, RALPH
Address: 6340 NW 200 TERR
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: PINDER, DELORIS
Address: 6340 NW 183RD STREET SUITE 232
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: JOHNSON, L.G.
Address: 99 NW 183RD STREET SUITE 232
City-St-Zip: MIAMI, FL 33169

Title: P ( ) Delete
Name: JOHNSON, LEROY
Address: 6340 NW 200 TERR
City-St-Zip: MIAMI, FL 33015

Title: V ( ) Delete
Name: JOHNSON, FRANCES
Address: 6340 NW 200 TERR
City-St-Zip: MIAMI, FL 33015

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH JOHNSON S 03/18/2005
Electronic Signature of Signing Officer or Director Date