## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000017608

FILED Mar 29, 2006 Secretary of State

Entity Name: PRECIOUS YEARS CHRISTIAN LEARNING CENTER, INC

**Current Principal Place of Business: New Principal Place of Business:** 7919 NW 190 TERRACE MIAMI, FL 33015 **Current Mailing Address: New Mailing Address:** 7919 NW 190 TERRACE MIAMI, FL 33015 FEI Number: 56-2526007 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUNOZ, DORA 7919 NW 190 TERRACE MIAMI, FL 33015 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: **PRFS** (X) Change ( ) Addition MUNOZ, DORA Name: Name: MUNOZ, DORA 7919 NW 190 TERRACE 7919 NW 190 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip: MIAMI, FL 33015 Title: VΡ Title: S/VP (X) Change ( ) Addition () Delete DEL RIO-LOPEZ, LORRAINE DEL RIO-LOPEZ, LORRAINE Name: Name: 1273 SW 161 AVE 1273 SW 161 AVE Address: Address: PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition LOPEZ, MIGUEL Name: Name: 1273 SW/ 161 AVE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: Title: ( ) Delete Title: () Change () Addition MUNOZ, GUILLERMO Name: Name: Address: 7919 NW 190 TERRACE Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORA MUNOZ PRES 03/29/2006