2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 29, 2008
Secretary of State

DOCUMENT# P07000013628

Entity Name: CARE & SHARE UXBRIDGE CHRISTIAN ACADEMY INC.

Current Principal Place of Business:

3260 NORTH ANDREWS AVENUE
OAKLAND PARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

3260 NORTH ANDREWS AVENUE
OAKLAND PARK, FL 33309

New Mailing Address:

FEI Number: 20-8469852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAZCA, MARIA J
3260 NORTH ANDREWS AVENUE
OAKLAND PARK, FL 33309 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: D ( ) Delete
Name: KHAN, CHERYL
Address: 3260 NORTH ANDREWS AVENUE
City-St-Zip: OAKLAND PARK, FL 33309 US

Title: D ( ) Delete
Name: CAMACHO, AURELIZ
Address: 3260 NORTH ANDREWS AVENUE
City-St-Zip: OAKLAND PARK, FL 33309 US

Title: D (X) Delete
Name: GAZCA, MARIA J
Address: 3260 NORTH ANDREWS AVENUE
City-St-Zip: OAKLAND PARK, FL 33309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: CAMACHO, AURELIZ
Address: 3260 NORTH ANDREWS AVENUE
City-St-Zip: OAKLAND PARK, FL 33309 US

Title: P (X) Change ( ) Addition
Name: GAZCA, MARIA J
Address: 3260 NORTH ANDREWS AVENUE
City-St-Zip: OAKLAND PARK, FL 33309 US

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

SIGNATURE: AURELIZ CAMACHO V 06/29/2008

Electronic Signature of Signing Officer or Director — Date