
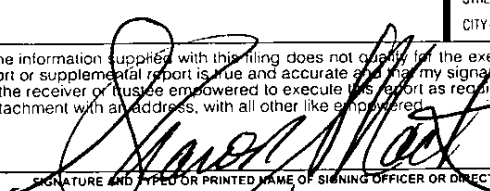


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90018 041 ***150.00

DOCUMENT # P07000085996 1. Entity Name NOAH'S ARK PROMINENT CHILDCARE, INC.			
Principal Place of Business 3417 AVENUE R RIVIERA BEACH, FL 33404		Mailing Address 3417 AVENUE R RIVIERA BEACH, FL 33404	
2. Principal Place of Business - No P.O. Box # 3417 R.J. HENDLEY AVENUE Suite, Apt. #, etc.		3. Mailing Address 3417 R.J. HENDLEY AVENUE Suite, Apt. #, etc.	
City & State Riviera Beach Florida		City & State Riviera Beach Florida	
Zip 33404		Zip 33404	
Country Palm Beach		Country Palm Beach	
6. Name and Address of Current Registered Agent MACK, SHARON 3417 AVENUE R RIVIERA BEACH, FL 33404		7. Name and Address of New Registered Agent Name MACK, SHARON Street Address (P.O. Box Number is Not Acceptable) 3417 R.J. Hendley Avenue City Riviera Beach FL Zip Code 33404	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MACK, SHARON 3417 AVENUE R RIVIERA BEACH, FL 33404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3417 R.J. Hendley Avenue Riviera Beach, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: January 11, 2008 564-860-0687	