

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000030827

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** GRACE UNITED LEARNING CENTER INC

**Current Principal Place of Business:**

901 NW 183 STREET  
MIAMI GARDENS, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

901 NW 183 STREET  
MIAMI GARDENS, FL 33169 US

**New Mailing Address:**

**FEI Number:** 27-2289229      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARCHIBALD, AL S  
3561 SW 70 AVE  
MIRAMAR, FL 33023 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: P  
Name: ARCHIBALD, DENNIS  
Address: 20310 NE 10 PLACE  
City-St-Zip: MIAMI, FL 33179 US

Title: VP  
Name: ALLLISTAIR, ARCHIBALD  
Address: 3561 SW 70 AVE  
City-St-Zip: MIRAMAR, FL 33023 US

Title: SEC  
Name: GOULBOURNE, CARMEN  
Address: 17710 NW 18TH AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33056 US

I hereby 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 all other like empowered.

SIGNATURE: ALLLISTAIR ARCHIBALD

VP

04/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date