

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036762

FILED
May 01, 2007
Secretary of State

Entity Name: BRIDGE TO LEARNING CHRISTIAN EDUCATIONAL CENTER, INC.

Current Principal Place of Business:

512 NW 22ND AVENUE
FORT LAUDERDALE, FL 33311 US

New Principal Place of Business:

512 NW 22ND AVENUE
#A
FORT LAUDERDALE, FL 33311 US

Current Mailing Address:

3011 N W 21 STREET
FORT LAUDERDALE, FL 33311 US

New Mailing Address:

FEI Number: 65-0652005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLACK-BARRON, KAREN E ESQ
5440 N STATE ROAD 7
SUITE #220
FORT LAUDERDALE, FL 33319 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCM () Delete
Name: GRAY-WILLIAMS, JANA A
Address: 512 NW 22ND AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VPD () Delete
Name: GRAY, JOHN L SR.
Address: 3011 NW 21ST ST
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SD () Delete
Name: WILLIAMS, JULIET G
Address: 3021 NW 21ST ST
City-St-Zip: FT LAUDERDALE, FL 33311

Title: VPTD () Delete
Name: JUANITA, GRAY A
Address: 3011 NW 21ST ST
City-St-Zip: FT LAUDERDALE, FL 33311

Title: TSD () Delete
Name: DIXSON, CYD C
Address: 3241 NW 13TH CT
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SD () Delete
Name: KELLY-RAWLS, VELVA M
Address: 560 W DAYTON CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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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 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: JANA' A. GRAY-WILLIAMS

PCM

05/01/2007

Electronic Signature of Signing Officer or Director

Date