2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

FILED Apr 29, 2005 08:00 AM Secretary of State **DOCUMENT # 270437** 1. Entity Name JOHNSON SCHOOLS, INC. Principal Place of Business Mailing Address 4300 N OCEAN BLVD 4300 N OCEAN BLVD FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MÓÒRE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1005428 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOYLE, DAWN J Street Address (P.O. Box Number is Not Acceptable) 4300 N OCEAN BLVD FORT LAUDERDALE FL 33308 Zio Code 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 Signature, typed or printed name of registered agent and title if applicable INOTE Registered Agent signature required when reinstating) DATE FILE NOW!U FEE IS \$150.00 9. Election Campaign Financing \$5.00 May €. After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THILE Đ ☐ Celete IIIIE ☐ Change Achinia NAME DOYLE, DAWN J U00000342072 4300 N OCEAN BLVD #15 STREFT ADDRESS STREET ADDRESS 04/29/05-80040-025 150.00 CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP THILE ☐ Delete DILLE ☐ Change ☐ Additio NAME DOYLE, DAWN J NAME STREET ADDRESS 4300 N OCEAN BLVD #15 STREET ADDRESS CITY ST-ZIP FORT LAUDERDALE FL 33308 CHY-ST-7IP THILE Delete HILE Change 🔲 Aatiili NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IF CITY-ST-ZIP DILE Delete TITLE Addition | Change NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete THEF ☐ Change ☐ A. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dejete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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 direction 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 changed, or on an attachment with an address, with all other like empowered.

Date

Davime Phone #