2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 20, 2005
Secretary of State

DOCUMENT# N00000000054

Entity Name: EARLY LEARNING COALITION OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

1919 NO. FLAGLER DRIVE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

3111 SOUTH DIXIE HIGHWAY
244
WEST PALM BEACH, FL 33405

Current Mailing Address:

1919 NO. FLAGLER DRIVE
WEST PALM BEACH, FL 33407

New Mailing Address:

3111 SOUTH DIXIE HIGHWAY
244
WEST PALM BEACH, FL 33405

FEI Number: 65-0974035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELDRIDGE, WARREN R
1919 NO. FLAGLER DRIVE
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

ELDRIDGE, WARREN R
3111 SOUTH DIXIE HIGHWAY
244
WEST PALM BEACH, FL 33405 US

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: _____ 05/20/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WORLEY, CHRISTINA
Address: 560 VILLAGE BLVD. SUITE 365
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T ( ) Delete
Name: FISHBANE, MARSHA DR
Address: 826 EVERNIA STREET ROOM 206
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: EBBOLE, GAETANA
Address: 1919 N. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete
Name: GARGIULO, FRANK
Address: 901 ERVENIA STREET
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D ( ) Delete
Name: GODBOUT, CHERYL
Address: 1032 N. DIXIE HIGHWAY
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GRUEN-KENNEDY, TRAVER
Address: 851 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

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

Title: ( ) Change ( ) Addition
Name:
Address:
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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARREN ELDRIDGE D 05/20/2005
Electronic Signature of Signing Officer or Director — Date