

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 21, 2003 8:00 am
Secretary of State

03-24-2003 91018 012 ****70.00
04-21-2003 91065 013 ****61.25

DOCUMENT # N9800001622

1. Entity Name
ADVENTURES IN EARLY LEARNING ACADEMY, INC.

Handwritten: N/A, 11-27-02



Principal Place of Business
**688 LOCK RD
DEERFIELD BEACH, FL 33442**

Mailing Address
**688 LOCK RD
DEERFIELD BEACH, FL 33442**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MCDONALD, SUEZENETTE
688 LOCK RD
DEERFIELD BEACH, FL 33442**

4. FEI Number
52-2103708

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JOSEPH 1501 NW 3RD WAY POMPANO BCH, FL 33060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADDERLY, RALPH W P. O. BOX 2006 POMPANO BCH, FL 33061	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POITIER, WOODROW 901 NW 4 AVE POMPANO BCH, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, PATRICIA 510 NW 16TH COURT POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR SUEZENETTE L. MCDONALD 688 LOCK ROAD DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR CONNIE POWELL 119 SW 1st TERRACE DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR SONYA GORDON-MARSIELLE 511 NW 1st WAY DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR KEITHSON CHIN-SANG 8031 SW 197th TERRACE MIAMI, FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Suzette McDonald* **SUEZENETTE MCDONALD, PRESIDENT** **04/14/2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (10/02)