2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000897

Entity Name: GULLIVER SCHOOLS, INC.

FILED Apr 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146 **Current Mailing Address: New Mailing Address:** 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146 FEI Number: 65-0900717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WATTS-FITZGERALD, ABIGAIL C/O HUNTON & WILLIAMS 1111 BRICKELL AVENUE, #2500 MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DPST () Delete () Change () Addition BARTEL, JEFFREY S Name: Name: 1500 SAN REMO AVENUE, PH-400 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: () Delete Title: () Change () Addition GERRITS, MICHAEL Name: Name: Address: 1500 SAN REMO AVENUE, PH-400 Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: () Delete Title: () Change () Addition GILMAN, MILES E Name: Name: 1500 SAN REMO AVENUE, PH-400 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: () Delete Title: () Change () Addition GETZ, SAMUEL Name: Name: 1500 SAN REMO AVENUE, PH-400 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: () Delete Title: () Change () Addition NIRSCHEL, ROY DR. Name: Name: 1500 SAN REMO AVENUE, PH-400 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: () Delete Title: () Change () Addition WATTS-FITZGERALD, ABIGAIL Name: Name: Address: 1500 SAN REMO AVENUE, PH-400 Address: CORAL GABLES, FL 33146 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY S.BARTEL DPST 04/07/2006