

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086997

FILED
Apr 21, 2004
Secretary of State

Entity Name: ADVENTURES IN LEARNING, INC.

Current Principal Place of Business:

5956 SHADY CREEK LANE
PORT ORANGE, FL 32128

New Principal Place of Business:

5956 SHADY CREEK LANE
PORT ORANGE, FL 32128 US

Current Mailing Address:

5956 SHADY CREEK LANE
PORT ORANGE, FL 32128

New Mailing Address:

5956 SHADY CREEK LANE
PORT ORANGE, FL 32128 US

FEI Number: 01-0741727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARNES, PATRICIA
5956 SHADY CREEK LANE
PORT ORANGE, FL 32128

Name and Address of New Registered Agent:

BARNES, PATRICIA
5956 SHADY CREEK LANE
PORT ORANGE, FL 32128 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: PATRICIA BARNES

04/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARNES, PATRICIA
Address: 5956 SHADY CREEK LANE
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BARNES, PATRICIA
Address: 5956 SHADY CREEK LANE
City-St-Zip: PORT ORANGE, FL 32128 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA BARNES

D

04/21/2004

Electronic Signature of Signing Officer or Director

Date