

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90081 031 ***150.00

DOCUMENT # P06000143115
 1. Entity Name
 ENGLISH LANGUAGE CENTER INCORPORATED



Principal Place of Business: 2510 WELLINGTON GREEN DR. APT. 304 WELLINGTON FL 33414 US
 Mailing Address: 2510 WELLINGTON GREEN DR. APT. 304 WELLINGTON FL 33414 US



2. Principal Place of Business - No P.O. Box #
 2601 South Military Trail
 Suite, Apt. #, etc.
 Suite 28
 City & State
 West Palm Beach

3. Mailing Address
 2601 South Military Trail
 Suite, Apt. #, etc.
 Suite 28
 City & State
 West Palm Beach

1st MOORE CR2E034 (10/06)

4. FEI Number
 71-1016669

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 FRIEDMAN, DOUGLAS M
 2510 WELLINGTON GREEN DR
 304
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent
 Name
 Douglas M Friedman
 Street Address (P.O. Box Number is Not Acceptable)
 2510 Wellington Green Dr.
 #304
 City
 Wellington FL Zip Code
 33414

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: Douglas Friedman DATE: 4/23/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	FRIEDMAN, DOUGLAS M	<input type="checkbox"/> Delete
NAME		2510 WELLINGTON GREEN DR. APT. 304	
STREET ADDRESS		WELLINGTON FL 33414	
CITY - ST - ZIP			
TITLE	VP	CERDA, GERARDO	<input type="checkbox"/> Delete
NAME		9205 BOWDEN DR. APT. 301	
STREET ADDRESS		PALM BEACH GARDENS FL 33418	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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: Douglas Friedman DATE: 4/23/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 561-966-9393