2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004
Secretary of State

DOCUMENT# N01000004201

Entity Name: ALTERNATIVE EDUCATION INSTITUTE, INC.

Current Principal Place of Business:

11700 NW 4 ST.
PLANTATION, FL 33325

New Principal Place of Business:

5071 DAVIE ROAD
DAVIE, FL 33314

Current Mailing Address:

11700 NW 4 ST.
PLANTATION, FL 33325

New Mailing Address:

5071 DAVIE ROAD
DAVIE, FL 33314

FEI Number: 65-1157306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALLOP, KRISTA
11700 NW 4 ST.
PLANTATION, FL 33325

Name and Address of New Registered Agent:

SALLOP, KRISTA
5071 DAVIE ROAD
DAVIE, FL 33314

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: KRISTA SALLOP 02/09/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SALLOP, KRISTA M
Address: 11700 NW 4 STREET
City-St-Zip: PLANTATION, FL 33325

Title: D ( ) Delete
Name: DECKER, PAMELA
Address: 5071 DAVIE ROAD
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Delete
Name: SALLOP, RICHARD
Address: 5071 DAVIE ROAD
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SALLOP, KRISTA M
Address: 5071 DAVIE ROAD
City-St-Zip: DAVIE, FL 33314

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: KRISTA SALLOP MS. 02/09/2004
Electronic Signature of Signing Officer or Director Date