2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009443

Address:

City-St-Zip:

Entity Name: ALTERNATIVE EDUCATION FOUNDATION INC.

FILED Feb 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9344 N CHELSEA DR 4650 SW 61ST AVE PLANTATION, FL 33324 **DAVIE, FL 33314 Current Mailing Address: New Mailing Address:** P O BOX 291918 4650 SW 61ST AVE DAVIE, FL 33329 **DAVIE, FL 33314** FEI Number: 20-1776950 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: FEIN, AUBREY FEIN, LANCE 9344 N CHELSEA DR 4650 SW 61ST AVE PLANTATION, FL 33324 US 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: LANCE FEIN 02/27/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete TRINGALI, DINA SERFER, GREGORY Name: Name: 16107 OPAL CREEK DR Address: 4650 SW 61ST AVE Address: City-St-Zip: WESTON, FL 33331 City-St-Zip: **DAVIE, FL 33314** Title: () Delete Title: (X) Change () Addition SPORKIN, JEFF WALSH, TRACEY Name: Name: Address: 96 WIMBLEDON LAKES DRIVE Address: 4650 SW 61ST AVE City-St-Zip: PLANTATION, FL 33324 City-St-Zip: DAVIE, FL 33314 Title: () Delete Title: (X) Change () Addition COHEN, CAROL F Name: THOMAS, ADRIAN Name: 13900 53RD ROAD SOUTH Address: Address: 4650 SW 61ST AVE City-St-Zip: WELLINGTON, FL 33467 City-St-Zip: **DAVIE. FL 33314** Title: () Delete Title: (X) Change () Addition GRIFFITH, CHRISTINA Name: Name: GRIFFITH, CHRISTINA 9 CAYUGA RD Address: 9 CAYUGA RD Address: City-St-Zip: SEA RANCHES LAKES, FL 33308 City-St-Zip: SEA RANCHES LAKES, FL 33308 Title: () Delete Title: () Change (X) Addition FEIN, LANCE Name: Name: 4650 SW 61ST AVE

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

DAVIE, FL 33314

SIGNATURE: LANCE FEIN D 02/27/2008