

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001898

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** EAC LANGUAGE CENTRES (US) LTD. INC.

**Current Principal Place of Business:**

% WILLIAM M. POOLE  
2001 17TH STREET NW, SUITE 1700  
ATLANTA, GA 30363

**New Principal Place of Business:**

**Current Mailing Address:**

% WILLIAM M. POOLE  
2001 17TH STREET NW, SUITE 1700  
ATLANTA, GA 30363

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

Title: DP  
Name: MEE, DARREN  
Address: TUI TRAVEL HOUSE, CRAWLEY BUSINESS QUARTER  
City-St-Zip: CRAWLEY, WEST SUSSEX, UK RH10 9QL

Title: D  
Name: MORGAN, RICHARD  
Address: 45 FREDERICK ST  
City-St-Zip: EDINBURGH, GB EH2 1EP

Title: D  
Name: ARMSTRONG, GRAEME  
Address: 45 FREDERICK ST  
City-St-Zip: EDINBURGH, GB EH2 1EP

Title: D  
Name: FINLAY, IAN  
Address: TUI TRAVEL HOUSE, CRAWLEY BUSINESS QUARTER  
City-St-Zip: CRAWLEY, WEST SUSSEX, UK RH10 9QL

Title: S  
Name: POOLE, WILLIAM  
Address: 201 17TH STREET NW, SUITE 1700  
City-St-Zip: ATLANTA, GA 30363

Title: T  
Name: LUKE, KAREN  
Address: 93 NORTH PARK PLACE BLVD  
City-St-Zip: CLEARWATER, FL 33759

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM M. POOLE

S

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date