

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90192 020 ****61.25

DOCUMENT # F98000004025	
1. Entity Name LEARNING UNLIMITED INTERNATIONAL SCHOOLS, INC.	

Principal Place of Business 650 RANTOUL LANE LAKE MARY, FL 32746	Mailing Address 650 RANTOUL LANE LAKE MARY, FL 32746
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2. Principal Place of Business - No P.O. Box # 475 Flora Creek Court	3. Mailing Address 475 Flora Creek Court
Suite, Apt. #, etc. FL	Suite, Apt. #, etc. FL
City & State Lake Mary, FL	City & State Lake Mary, FL
Zip 32746	Country USA



02262008 Chg-NP CR2E037 (12/06)

4. FEI Number 31-0890594		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SUNDSTROM, DAVID J 650 RANTOUL LANE LAKE MARY, FL 32746		7. Name and Address of New Registered Agent Name William M. Alcott Street Address (P.O. Box Number is Not Acceptable) 475 Flora Creek Court City Lake Mary FL Zip Code 32746

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 *William M. Alcott* **WILLIAM M. ALCOTT** 2-27-08
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D ALCOTT, WILLIAM M 650 RANTOUL LANE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, D William M. Alcott 475 Flora Creek Court Lake Mary, FL 32746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,D FRASCH JR, JOSEPH F 284 S. LIBERTY STREET POWELL, OH 43065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIROUZIAN, MAJE 284 S. LIBERTY STREET POWELL, OH 43065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, ELBERT W 284 S. LIBERTY STREET POWELL, OH 43065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUNDSTROM, DAVID J 650 RANTOUL LANE LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William M. Alcott* **WILLIAM M. ALCOTT** 407-592-9749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2-27-08 Daytime Phone #