2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G90511

Entity Name: BROWARD LEARNING CENTER, INC.

FILED May 01, 2004 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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P. O. BOX 970846 22431 OVERTURE CIRCLE BOCA RATON, FL 334970846 US BOCA RATON, FL 33428 US

Current Mailing Address: New Mailing Address:

PHYLLIS SMILEN 22431 OVERTURE CIR BOCA RATON, FL 33428 US

FEI Number: 59-2447383 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:

SMILEN, PHYLLIS 22431 OVERTURE CIRCLE BOCA RATON, FL 33428 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: SMILEN, PHYLLIS Name: SMILEN, PHYLLIS Address: 22431 OVERTURE CIR. Address: 22431 OVERTURE CIR.

City-St-Zip: BOCA RATON, FL 334284266 City-St-Zip: BOCA RATON, FL 33428428 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS SMILEN DIRE 05/01/2004