

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90130 011 ****61.25

DOCUMENT # N00000002719 1. Entity Name THE LANGUAGE SCHOOL, INC.					
Principal Place of Business 301 W CENTRAL BLVD. LANTANA, FL 33462-4575			Mailing Address 301 W CENTRAL BLVD. LANTANA, FL 33462-4575		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1063170	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LURILA, MAUNO 106 HALF MOON CIR 82 HYPOLUXO, FL 33462				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KETTUNEN, ANJA		NAME	HILTUNEN, EILA	
STREET ADDRESS	302 LAKE OSBORNE DR #28		STREET ADDRESS	1520 LAKE AVE, APT 5B	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORMANEN, TOIVO		NAME	EKLUND, MARGIT	
STREET ADDRESS	2440 LAKE OSBORNE DR., #204		STREET ADDRESS	319 SOUTH B ST, APT 2	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEPPELIN, AARPE		NAME	RUHANEN, VEIKKO	
STREET ADDRESS	2562 GARDEN DR N, APT 305		STREET ADDRESS	2687 N GARDEN DR, APT 306	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAAJA, TAPANI		NAME		
STREET ADDRESS	720 S. PALMWAY		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Tapani Laaja</i> Tapani Laaja			03/27/06 561 547-3447		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		