2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N00000006091

Entity Name: ATTITUDE ACADEMY OF LEARNING, INC.

Current Principal Place of Business:

4702 W SAM ALLEN RD
PLANT CITY, FL 33565

New Principal Place of Business:

Current Mailing Address:

1600 NW 47TH AVE.
LAUDERDALE, FL 33313

New Mailing Address:

FEI Number: 65-1040571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHUCK MOGBO, P.A.
2800 W. OAKLAND PARK BLVD., STE. #209
OAKLAND PARK, FL 33311 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: PD ( ) Delete
Name: GRANT, LEONARD A SR
Address: 1600 NW 47TH AVE.
City-St-Zip: LAUDERDALE, FL 33313

Title: CEO ( ) Delete
Name: GRANT, LEONARD A SR
Address: 1600 NW 47TH AVE.
City-St-Zip: LAUDERDALE, FL 33313

Title: D ( ) Delete
Name: SHOFFSTALL, CAROLYN
Address: 4702 W. SAM ALLEN RD.
City-St-Zip: PLANT CITY, FL 33565

Title: STD ( ) Delete
Name: GRANT, PHEBE P
Address: 1600 NW 47TH AVE.
City-St-Zip: LAUDERDALE, FL 33313

Title: D ( ) Delete
Name: FRANKSON, MARY
Address: FOGA ROAD, DENBIGH
City-St-Zip: CLARENDON, JAMAICA,

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: FARLESS, ROBERT
Address: 7009 LAMBRIGHT COURT
City-St-Zip: TAMPA, FL

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

SIGNATURE: LEONARD GRANT PD 04/27/2004

Electronic Signature of Signing Officer or Director — Date