2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000006446

FILED Mar 17, 2006 Secretary of State

Entity Name: LEARNING EXCELLENCE FOUNDATION OF WEST BROWARD COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 2500 GLADES ROAD 2500 GLADES CIRCLE WESTON, FL 33327 US WESTON, FL 33327 US **Current Mailing Address: New Mailing Address:** BAKALAR & EICHNER P A 150 S PINE ISLAND RD #540 FORT LAUDERDALE, FL 33324 US FEI Number: 65-1125969 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: EICHNER, PAUL D BAKALAR & EICHNER PA 150 S PINE ISLAND RD STE 540 FORT LAUDERDALE, FL 33324 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NORWOOD, REBECCA Name: Name: 4060 NW 19TH TERR Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 US City-St-Zip: Title: PD () Delete Title: () Change () Addition KREITZER, JUDI Name: Name: Address: 2505 MONTCLAIRE CIR Address: City-St-Zip: WESTON, FL 33327 US City-St-Zip: Title: () Delete Title: () Change () Addition HUSKEY, DAVID Name: Name: Address: 16623 HEMMINGWAY DR Address: City-St-Zip: FORT LAUDERDALE, FL 33326 US City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: MAYO, JOHN Name: GILBERT, MICHAEL 336 PALM BLVD Address: 1207 SW 87TH TERR Address: City-St-Zip: FORT LAUDERDALE, FL 33324 City-St-Zip: WESTON, FL 33326 US Title: () Delete Title: (X) Change () Addition DONNER, CRAIG ZIPPER, ADAM Name: Name: 2475 PROVENCE CIR 2504 MONTEREY COURT Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: WESTON, FL 33327 US Title: () Delete Title: () Change (X) Addition BALLAN, JERRY Name: Name: Address: Address: 2576 EAGLE RUN LANE WESTON, FL 33327 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JUSTIN H. MATTHEWS MR 03/17/2006