2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

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DOCUMENT # N0100007007 1. Entity Name EDUCATION CENTER OF SOUTHWEST FLORIDA, INC.					~	03-13-2000	•		
Principal Place 13-B N. MISS LABELLE, FL	Souri St.	Mailing Address POST OFFICE BOX 183 LABELLE, FL 33975							
Principal Place of Business 3. M.		3. Mailing Address	Mailing Address						iii
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01062006	Chg-NP	CR2E	037 (11/05)	
City & State	8	City & State			4. FEI Numbe 65-1151	989			oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	of Status Desire	ed 🗆	\$8.75 Add Fee Require	litional d
	6. Name and Address of Current	Registered Agent			7. Name and		w Registere	d Agent	
WILKINS, JULIE			Name Address		E, DA	N			
41 HAMPT LABELLE,					JAME	SAVE	able)		
			City	HIG	H ACR	Es,		Zip Cod	
8 The above	named entity submits this statement for	or the ourgose of changing its re		r registere	ed agent, or both	in the State o	f Florida La	L 333	e 772 and accept
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SIGNATURE .	Signature, typed or printed name of registered agent	and little if applicable. (NOTE: F	Agislered Agent signal	ure required	when reinstating)	<u>/</u>	DATE	1/27/	106
SIGNATURE .	Filing Fee is \$61.25	9. Election Camp	aign Financing		\$5.00 May Be	<u>/</u>		ck payable t	o
SIGNATURE .	·····	9. Election Camp Trust Fund Co	aign Financing			<u>'</u>	Florida Dep	ck payable to	o tate
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing ntribution.	D A	\$5.00 May Bo Added to Fees DDITIONS/CHA	NGES TO OFF	Florida Dep	ck payable to artment of Si	o tate
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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 eport 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 true elempowered 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 a paddress, with all other lift empowered.

SIGNATURE: __

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. 863-675-680C