2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003061

Entity Name: ALLYN EDUCATIONAL CENTER, INC.

FILED Jul 02, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3701 BAYSHORE RD. SARASOTA, FL 34234 **Current Mailing Address: New Mailing Address:** 3701 BAYSHORE RD. SARASOTA, FL 34234 FEI Number: 03-0434783 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: TINNEY, DOROTHY A 3701 BAYSHORE RD. SARASOTA, FL 34234 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: () Change () Addition () Delete TINNEY, DOROTHY A Name: Name: 3701 BAYSHORE RD. Address: Address: City-St-Zip: SARASOTA, FL 34234 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KILLOREN, THOMAS A Name: Address: 120 W. STATE ST., STE, 400 Address: City-St-Zip: ROCKFORD, IL 61101 City-St-Zip: Title: () Delete Title: () Change () Addition LAVICK-MANDAS, CHERYL Name: Name: 3701 BAYSHORE RD. Address: Address: City-St-Zip: SARASOTA, FL 34234 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BEULIG, ALFRED JR Name: 5700 N TAMIAMI TR Address: Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: Title: () Delete Title: () Change () Addition GUERCIO, DONALD G Name: Name: 463 MEADOW LAKE DR Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: () Delete Title: () Change () Addition WALK, DEBORAH W Name: Name: Address: 510B SUMMERWOOD CT Address: SARASOTA, FL 34233 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 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: DOROTHY A. TINNEY PT 07/02/2004