2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2004
Secretary of State

DOCUMENT# N03000001322

Entity Name: NEW HORIZONS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

25294 PINSON DR
BONITA SPRINGS, FL 34135

New Principal Place of Business:

1183 9TH AVENUE NORTH
NAPLES, FL 34102

Current Mailing Address:

25294 PINSON DR
BONITA SPRINGS, FL 34135

New Mailing Address:

P.O. BOX 111833
NAPLES, FL 34108

FEI Number: 11-3678086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUINN, ELLEN
25294 PINSON DR
BONITA SPRINGS, FL 34135

Name and Address of New Registered Agent:

QUINN, ELLEN
1183 9TH AVENUE NORTH
NAPLES, FL 34102

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: _____ 01/19/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NICHOLS, ROBERT
Address: P.O.BOX 2342
City-St-Zip: NAPLES, FL 34106

Title: D ( ) Delete
Name: QUINN, ELLEN
Address: 25294 PINSON DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: AMES, DAVID
Address: 850-G MEADOWLAND DR
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: QUINN, ELLEN
Address: P.O. BOX 2342
City-St-Zip: NAPLES, FL 34106

Title: ( ) Change ( ) Addition
Name:
Address:
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: ELLEN QUINN D 01/19/2004
Electronic Signature of Signing Officer or Director — Date