2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 01, 2004 8:00 am Secretary of State

DOCUMENT # N0300004989 1. Entity Name ACADEMY FOR POSITIVE LEARNING, INC.				04-01-2004 90016 027 ****61.25				
263 RIVER BLOCK LANE 263		Mailing Address 263 RIVER BLOCK LANE ROYAL PALM BCH, FL 3	-		44023574			
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		3. Mailing Address			I IBIII MAIIL ANIE NNIII KAIII NNIE FIE	0 (8191 19119 18)	6 1 69	
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	luite, Apt. #, etc.		hg-NP CR2E037	7 (10/03)		
City & State		City & State	City & State		5-1195549		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	8.75 Add	itional	
	6. Name and Address of Current Re	gistered Agent		7. Name and Add	ress of New Registered A	ee Required	•	
GERMAN, MARIO D J.D.			Name	ime				
100 E SAMPLE RD STE 320 POMPANO BCH, FL 33064			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
-			City			Zip Code	9	
The above named entity submits this statement for the purpose of changing its registerer.				FL				
the obligat	ions of registered agent.	to purpose of withinging no re	gistorea omea or regist	dered agent, or both, in	the state of Forda. Tames	attimai witti,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and	title il applicable. (NOTE: f	Registered Agent signature requi	ired when reinstating)	DATE			
SIGNATURE.	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make check Florida Departi			
SIGNATURE .	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIRECT	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make check	ment of St	ate	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Renata F. Espinomia
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-673-7940 Daytime Phone #