2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004989

FILED Apr 25, 2005 Secretary of State

Entity Name: ACADEMY FOR POSITIVE LEARNING, INC.

Current Principal Place of Business: New Principal Place of Business:

263 RIVER BLOCK LANE 128 NORTH C STREET ROYAL PALM BCH, FL 33411 LAKE WORTH, FL 33460

Current Mailing Address: New Mailing Address:

263 RIVER BLOCK LANE 128 NORTH C STREET LAKE WORTH, FL 33460 ROYAL PALM BCH, FL 33411

FEI Number: 65-1195549 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:

GERMAN, MARIO D J.D 100 E SAMPLE RD STE 320 POMPANO BCH, FL 33064 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ESPINOZA, RENATTA ESPINOZA, RENATTA Name: Name: 263 RIVER BLOCK LANE Address: 263 RIVER BLUFF LANE Address: City-St-Zip: ROYAL PALM BCH, FL 33411 City-St-Zip: ROYAL PALM BCH, FL 33411

Title: SD () Delete Title: () Change () Addition

PARROTA, DENISE Name: Name: Address: 174 N.W. 11TH AVENUE Address: City-St-Zip: BOCA RATON, FL 33480 City-St-Zip:

Title: () Delete Title: () Change () Addition

GERMAN, MARIO D Name: Name: 100 EAST SAMPLE ROAD, STE 320 Address: Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip:

Title: TD (X) Delete Title: () Change () Addition

Name: CEA, CESAR Name: 40129 COCOPLUM CIRCLE Address: Address: City-St-Zip: COCONUT CREEK, FL 33063 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

MANZANO, ANN-MARIE Name: Name: 7601 SHALIMAR STREET Address: Address: City-St-Zip: MIRAMAR, FL 33023 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: RENATTA ESPINOZA PD 04/25/2005