2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000077

Name:

Address:

City-St-Zip:

FOLEY, JAY

1560 NW 117TH AVE

PLANTATION, FL 33323

FILED Apr 06, 2009 Secretary of State

Entity Name: ODESSA EDUCATIONAL PARK OF YESTERYEARS, INC.

Current Principal Place of Business: New Principal Place of Business: 29210 CADDYSHACK LN SAN ANTONIO, FL 33576 US **Current Mailing Address: New Mailing Address:** 29210 CADDYSHACK LN SAN ANTONIO, FL 33576 US FEI Number: 20-0544297 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: KUENZEL, DIANE V ESQ 4111 LAND O'LAKES BLVD SUITE 302-D LAND O'LAKES, FL 34639 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: () Delete (X) Change () Addition RODDA, JANICE K KLEIN, JANICE S Name: Name: Address: 29210 CADDYSHACK LN Address: 29210 CADDYSHACK LN City-St-Zip: SAN ANTONIO, FL 33576 US City-St-Zip: SAN ANTONIO, FL 33576 US Title: () Delete Title: () Change () Addition KUENZEL, DIANE Name: Name: Address: 4111 LAND O' LAKES BLVD Address: City-St-Zip: LAND O' LAKES, FL 34639 City-St-Zip: Title: () Delete Title: () Change () Addition SZABO, BRUCE M Name: Name: 1523 N DALE MABRY HWY Address: Address: City-St-Zip: LUTZ. FL 33548 City-St-Zip: () Delete Title: Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

FEELY, JAY

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SIGNATURE: JANICE S KLEIN P 04/06/2009