2007 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED HAME OF SIGN

Feb 26, 2007 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # N06000004057 02-26-2007 90066 011 ****61.25 NEIGHBORHOOD LEARNING CENTER - BRADENTON, INC. Principal Place of Business Mailing Address TUUCHEUU %JACK HUNKELE %JACK HUNKELE 1299 NORTH TAMIAMI TRAIL 1299 NORTH TAMIAMI TRAIL SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 16 John Dixon 70 JOHN DIXON Suite, Apt. #, etc Suite, Apt. #, etc. 02192007 Chg-NP CR2E037 (12/06) BAYOU Sound City & State City & State Applied For 4. FEI Number Longboat Key, FL Not Applicable Country Zip Country USH \$8.75 Additional 34228 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ohn Zixon HUNKELE, JACK Street Address (P.O. Box Number is Not Acceptable) 1299 NORTH TAMIAMI TRAIL SARASOTA, FL 34236 Zip Code 342スタ City omits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity s the obligations of registered age SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PRES. ECHAIRMAN □ Change TITLE ☐ Delete TITLE ☐ Addition John Dixon NAME NAME 3471 BAYOU Sound STREET ADDRESS STREET ADDRESS Longboat Key, FL 34228 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE HAJACK Hunkele NAME NAME 1299 N. Tamiami Trail, #1121 STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP Sarasota, FL 34236 TITLE □ Delete TITLE Sally Rauch 6670 Guff of mexico Dr. NAME NAME STREET ADDRESS STREET ADDRESS onabout Key, FL 34228 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Treasurer NAME Burton Borgel+ NAME 640 Roundfree Dr. STREET ADDRESS STREET ADDRESS ongboat Key, FL 39228 CITY-ST-71P CITY-ST-7IP Change TIT1 F Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained 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 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 tiple empowered.

G OFFICER OF DIRECTOR