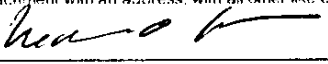


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90076 003 ****70.00

DOCUMENT # N06000005471 1. Entity Name I WANT TO LEARN ENGLISH LANGUAGE LABS, INC.			
Principal Place of Business 9549 TAVERNIER DR BOCA RATON, FL 33496		Mailing Address 9549 TAVERNIER DR BOCA RATON, FL 33496	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 881029	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State Boca Raton, Florida	
Zip	Country	Zip 33488-1029	Country USA
4. FEI Number 20-4892754		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DROUIN, DOUG 9549 TAVERNIER DR BOCA RATON, FL 33496		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DROUIN, DOUG 9549 TAVERNIER DR BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CEO ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DROUIN, CHRISTINA 9549 TAVERNIER DR BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/Pres; Int'l Board Chair ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORR, ANITA 811 NW 1ST AVE DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Malcolm O. Briggs 150 SW 13th Ave. Miami, FL 33135 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing 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 like empowered			
SIGNATURE: 		Malcolm O. Briggs, Treas. 3/7/07 305/643-2860	