

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009176

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: EXCELSIOR LANGUAGE ACADEMY OF COLLIER, INC.

## Current Principal Place of Business:

5100 TAMiami TRAIL NORTH  
SUITE 105  
NAPLES, FL 34103 US

## New Principal Place of Business:

6915 SW 57 AVENUE  
SUITE 228  
CORAL GABLES, FL 33143 US

## Current Mailing Address:

6915 SW 57 AVE.  
SUITE 208  
CORAL GABLES, FL 33143

## New Mailing Address:

6915 SW 57 AVE.  
SUITE 228  
CORAL GABLES, FL 33143

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOWER, TIM  
6915 SW 57 AVE.  
SUITE 208  
CORAL GABLES, FL 33143 US

## Name and Address of New Registered Agent:

BOWER, TIM  
6915 SW 57 AVE.  
SUITE 228  
CORAL GABLES, FL 33143 US

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: TIM BOWER

01/11/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: TRILLES, CLAUDIA  
Address: 3275 NW 84 AVENUE  
City-St-Zip: MIAMI, FL 33122

Title: VP ( ) Delete  
Name: SWANSON, KATHLEEN  
Address: 4433 MARCHMONT BOULEVARD  
City-St-Zip: LAND O LAKES, FL 34638 US

Title: VP ( ) Delete  
Name: CLARO, CAROLINA  
Address: 16110 SW 78 ST.  
City-St-Zip: MIAMI, FL 33193 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: TRILLES, CLAUDIA  
Address: 3275 NW 84 AVENUE  
City-St-Zip: MIAMI, FL 33122

Title: D (X) Change ( ) Addition  
Name: SWANSON, KATHLEEN  
Address: 4433 MARCHMONT BOULEVARD  
City-St-Zip: LAND O LAKES, FL 34638 US

Title: D (X) Change ( ) Addition  
Name: CLARO, CAROLINA  
Address: 16110 SW 78 ST.  
City-St-Zip: MIAMI, FL 33193 US

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.

SIGNATURE: TIM BOWER

RA

01/11/2008

Electronic Signature of Signing Officer or Director

Date