FILED May 14, 2007 8:00 am Secretary of State

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	ANN	UAL	REPO	RT .	~- v ·	

1. Entity Name	MENT # N0600000 NGUAGE ACADEMY OF		04-18-2007 90150 036 ****61.25								
Principal Place of Business 2709 SWAMP CABBAGE COURT SUITE 100 FT. MYERS, FL 33901 US Mailing Address 6915 SW 57 AVE. SUITE 208 CORAL GABLES, FL				33143 US							
Principal Place of Business - No P.O. Box # 3. Mailing Addr.				Address				}			
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			03312007	Chg-NP	CR2E0	37 (12/06)		
City & State	е	City	City & State			4. FEI Number			/—₹	plied For	
Zíp	Zíp Country		Zip Cour		intry	5. Certificate of Status Desired 5. Secretaria Secretar					
	6. Name and Address of Currer	nt Registered	Agent			7. Name and A	ddress of Ne	w Registered	Agent		
					Name				_		
BOWER, T 6915 SW 5 SUITE 208	57 AVE.				Street Address (P.O. Box Number is Not Acceptable)						
CORAL GA	ABLES, FL 33143										
		···			City			FL			
	named entity submits this statement tions of registered agent.	for the purpos	se of changing its r	registere	ed office or register	red agent, or both	, in the State o	f Florida. I am	ı familiar with,	and accept	
SIGNATURE.	Signeture, typed or presed name of registered ngo	ent and title if appic	3TQ41) elde:	Hogistered	d Agent signature radiumo	p when reinistating)		DATE			
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	-	· · ·	9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees	,	Māke chec lorida Depa	k payable to		
10.	OFFICERS AND I	DIRECTORS	Trust Fund Co	ontributi	ion.	\$5.00 May Be Added to Fees ADDITIONS/CHA	<u> </u>	Florida Depa	RECTORS IN	late	
TITLE	OFFICERS AND I	DIRECTORS		11.	ion.	Added to Fees	<u> </u>	Florida Depa	rtment of St	tate	
TITLE NAME	OFFICERS AND I		Trust Fund Co	11. TITLE	ion.	Added to Fees	<u> </u>	Florida Depa	RECTORS IN	late	
TITLE	OFFICERS AND I		Trust Fund Co	11. TITLE NAMI	ion.	Added to Fees	<u> </u>	Florida Depa	RECTORS IN	late	
TITLE NAME STREET ADDRESS	P O'BRIEN, MARK 2709 SWAMP CABBAGE COU FT. MYERS, FL 33901 VP		Trust Fund Co	11. TITLE NAMI STREE CITY-	E ET ADDRESS	Added to Fees	<u> </u>	Florida Depa	RECTORS IN	late	
NAME STREET ADDRESS GITY-ST-ZIP UTLE NAME	P O'BRIEN, MARK 2709 SWAMP CABBAGE COU FT. MYERS, FL 33901 VP SWANSON, KATHLEEN	JRT SUITE 1	Trust Fund Co	11. TITLE NAMI STREE CITY TITLE NAMI	E E ADDRESS	Added to Fees	<u> </u>	Florida Depa	PRECTORS IN Change	10 Addition	
NAME STREET ADDRESS GUY-ST-ZIP UTLE	P O'BRIEN, MARK 2709 SWAMP CABBAGE COU FT. MYERS, FL 33901 VP	JRT SUITE 1	Trust Fund Co	11. TITLE NAMI STREE CITY- TITLE NAMI STREE NAMI	E ET ADDRESS	Added to Fees	<u> </u>	Florida Depa	PRECTORS IN Change	10 Addition	
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