2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# N28087

Entity Name: ENVIRONMENTAL LEARNING CENTER INC.

Current Principal Place of Business:

255 LIVE OAK DRIVE
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

255 LIVE OAK DRIVE
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 65-0064129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DILL, HOLLY S
255 LIVE OAK DRIVE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	SCHAUB, CLEMENS	
Address:	3383 OCEAN DR	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	D	( ) Delete
Name:	CASTLOW, MARK	
Address:	2625 CARISSA DR	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	TD	( ) Delete
Name:	POLLARD, CHARLES	
Address:	8787 ORCHID ISLAND CIR E	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	SD	( ) Delete
Name:	HILL, ELIZABETH	
Address:	685 LAKE DRIVE	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	CD	( ) Delete
Name:	MULHOLLAND, JAMES S III	
Address:	C/O ELC 255 LIVE OAK DR	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	VD	( ) Delete
Name:	BECKER, LISA	
Address:	989 BAY OAK LANE	
City-St-Zip:	VERO BEACH, FL 32963	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CD	(X) Change ( ) Addition
Name:	POLLARD, CHARLES	
Address:	8787 ORCHID ISLAND CIR E	
City-St-Zip:	VERO BEACH, FL 32963	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	SMITH, TREVOR	
Address:	1305 W ISLAND CLUB SQ	
City-St-Zip:	VERO BEACH, FL 32963	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES POLLARD CD 04/10/2007

Electronic Signature of Signing Officer or Director — Date