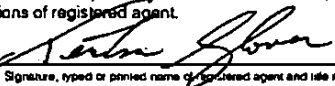
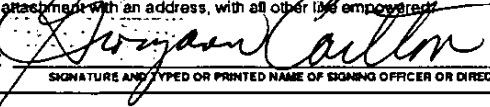


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

03-08-2005 90168 032 ****61.25

DOCUMENT # N38953					
1. Entity Name EXPLORATIONS V CHILDREN'S MUSEUM, INC.					
Principal Place of Business 109 N KENTUCKY AVE LAKELAND FL 33801 US			Mailing Address 109 N KENTUCKY AVE LAKELAND FL 33801 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2994883	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLOVER, TERISA 109 N KENTUCKY AVENUE LAKELAND FL 33801				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State 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 				DATE 1/28/05	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when renewing)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	PD NORIS, PAUL PO BOX 32036 LAKELAND FL 33802	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD Stephenson, Bruce 114 N. Tennessee Avenue Lakeland, FL 33801	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD PUTNAM, ABEL PO BOX 3545 LAKELAND FL 33802	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD STEPHENS, LINDA 331 S FL AVE STE 400 LAKELAND FL 33801	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD Gardner, Scott 210 S. Florida Avenue Lakeland, FL 33801	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MD CARLTON, GEORGANN 109 NORTH KENTUCKY AVE LAKELAND FL 33801	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD NORIS, PAUL P.O. BOX 32036 LAKELAND FL 33802	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD Stephens, Linda 6130 Lazy Days Boulevard Seffner, FL 33584	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD HENRICKS, DONNA DR 1324 LAKELAND HILLS BLVD LAKELAND FL 33805	☒ 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 exemption stated in Section 119.07(3)(i), 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 (ies) empowered.					
SIGNATURE: 				Date 4/1/05 Daytime Phone 863-687-3869	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					