2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# N38953

Entity Name: EXPLORATIONS V CHILDREN'S MUSEUM, INC.

Current Principal Place of Business:

109 N KENTUCKY AVE
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

109 N KENTUCKY AVE
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 59-2994883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLOVER, TERISA
109 N KENTUCKY AVENUE
LAKELAND, FL 33801 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: PD ( ) Delete
Name: STEPHENSON, BRUCE
Address: 114 N TENNESSEE AVE
City-St-Zip: LAKELAND, FL 33801

Title: SD ( ) Delete
Name: NEWLIN, LAURA
Address: 500 SOUTH FLORIDA AVE, STE 800
City-St-Zip: LAKELAND, FL 33801

Title: VD ( ) Delete
Name: GARDNER, SCOTT
Address: 210 SOUTH FLORIDA AVE
City-St-Zip: LAKELAND, FL 33801

Title: MD ( ) Delete
Name: CARLTON, GEORGANN
Address: 109 NORTH KENTUCKY AVE
City-St-Zip: LAKELAND, FL 33801

Title: TD (X) Delete
Name: PUCCIO, JOHN
Address: 437 PENINSULAR DRIVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GARDNER, SCOTT
Address: 210 SOUTH FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33801

Title: SD (X) Change ( ) Addition
Name: GREEN, JACKI
Address: 123 LAKE BEULAH DRIVE
City-St-Zip: LAKELAND, FL 33815

Title: TD (X) Change ( ) Addition
Name: PUCCIO, JOHN
Address: 437 PENINSULAR DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GEORGANN CARLTON MD 04/02/2007

Electronic Signature of Signing Officer or Director — Date