2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2011
Secretary of State

DOCUMENT# N93000004447

Entity Name: AMIKIDS POLK, INC.

Current Principal Place of Business:

618 N MASSACHUSETTS AVENUE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

ASSOCIATED MARINE INSTITUTES
5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634

New Mailing Address:

AMIKIDS, INC.
5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634

FEI Number: 59-3208084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HULL, DAVID J
SMITH, HULSEY & BUSEY
225 WATER STREET, STE 1800
JACKSONVILLE, FL 32202 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
Name: STANDER, O.B.
Address: 5915 BENJAMIN CENTER DRIVE
City-St-Zip: TAMPA, FL 33634

Title: SD
Name: TWOMEY, CLAIRE
Address: 13170 GEORGE JENKINS BLVD.
City-St-Zip: LAKELAND, FL 33815

Title: TD
Name: RISKIN, MICHAEL
Address: 1509 SOUTH FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: C
Name: CODD, MARK
Address: 89 SHADOW LANE
City-St-Zip: LAKELAND, FL 33813

Title: VC
Name: HILL, CRAIG
Address: 500 SOUTH FLORIDA AVENUE, STE 800
City-St-Zip: LAKELAND, FL 33801

I hereby 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 all other like empowered.

SIGNATURE: O.B. STANDER PD 01/13/2011

Electronic Signature of Signing Officer or Director — Date