

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 16, 2004
Secretary of State**

DOCUMENT# N94000001553

Entity Name: TAILWAGGERS LEARNING CENTER O.T.C. OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4839 WAVERLY WOODS TERRACE
LAKE WORTH, FL 33463 US

New Principal Place of Business:

3642 HIGH PINE DRIVE
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

4839 WAVERLY WOODS TERRACE
LAKE WORTH, FL 33463 US

New Mailing Address:

3642 HIGH PINE DRIVE
CORAL SPRINGS, FL 33065 US

FEI Number: 65-0488705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERRELLI, KELLIE
4839 WAVERLY WOODS TERRACE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

DOBRICK, PHYLLIS J
634 DAVIS ROAD
DELRAY BEACH, FL 33445 US

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: PHYLLIS JEAN DOBRICK 03/16/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VERRELLI, KELLIE
Address: 4839 WAVERLY WOODS TERRACE
City-St-Zip: LAKE WORTH, FL 33463

Title: SD () Delete
Name: DEZENDORF, MAITE D
Address: 4921 SAND DUNE CIR, APT 108
City-St-Zip: WEST PALM BCH, FL 33417

Title: TD () Delete
Name: ADAIR, JANET K
Address: 3642 HIGH PINE DRIVE
City-St-Zip: CORAL SPRINGS, FL 330656011

Title: VD () Delete
Name: PARKER, KIM
Address: 9110 BANQUET WAY
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOBRICK, PHYLLIS J
Address: 634 DAVIS ROAD
City-St-Zip: DELRAY BEACH, FL 33445

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

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

Title: VD (X) Change () Addition
Name: VERRELLI, TIM
Address: 4839 WAVERLY WOODS TERRACE
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JANET K. ADAIAR TD 03/16/2004
Electronic Signature of Signing Officer or Director Date