

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001553

FILED
Apr 28, 2005
Secretary of State

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

Current Principal Place of Business:

3642 HIGH PINE DRIVE
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

3642 HIGH PINE DRIVE
CORAL SPRINGS, FL 33065 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ADAIR, JANET K
3642 HIGH PINE DRIVE
CORAL SPRINGS, FL 33065 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: JANET K ADAIR

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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: VERRELLI, TIM
Address: 4839 WAVERLY WOODS TERRACE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLANCY, KIM
Address: 14019 ASTER AVENUE
City-St-Zip: WELLINGTON, FL 33414

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

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

Title: VD (X) Change () Addition
Name: VERRELLI, KELLIE
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 ADAIR

TD

04/28/2005

Electronic Signature of Signing Officer or Director

Date