2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# N95000004070

Entity Name: ENVIRONMENTAL LEARNING CENTER FOUNDATION, INC.

Current Principal Place of Business:

255 LIVE OAK DRIVE
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

255 LIVE OAK DRIVE
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 65-0613037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DILL, HOLLY S
255 LIVE OAK DRIVE
VERO BEACH, FL 32963 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: D ( ) Delete
Name: MCCABE, ROBERT
Address: C/O ELC 255 LIVE OAK DR
City-St-Zip: VERO BEACH, FL 32963

Title: DC ( ) Delete
Name: FENNELL, TODD
Address: 979 BEACHLAND BLVD
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete
Name: MULHOLLAND, JAMES
Address: C/O ELC 255 LIVE OAK DR
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete
Name: LOWENBERG, JOHN
Address: 4445 N A1A SUITE 249
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete
Name: MCDERMOTT, LAURA
Address: C/O ELC 255 LIVE OAK DR
City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D ( ) Change (X) Addition
Name: POLLARD, CHARLES
Address: 8787 ORCHID ISLAND CIRCLE E
City-St-Zip: VERO BEACH, FL 32963

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: TODD FENNELL DC 04/10/2007

Electronic Signature of Signing Officer or Director — Date