2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2007
Secretary of State

DOCUMENT# N95000004519

Entity Name: LAKEVIEW EDUCATIONAL ASSOCIATION, INC.

Current Principal Place of Business:

C/O LUMONICS
3019 N.W. 60TH ST.
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

C/O LUMONICS
3019 N.W. 60TH ST.
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 36-3744632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAPHAEL, BARRY
C/O LUMONICS
3019 N.W. 60TH ST.
FT. LAUDERDALE, FL 33309 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: PRD ( ) Delete
Name: RAPHAEL, BARRY
Address: 9875 NW 18TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: PD ( ) Delete
Name: BILLARD, MARK
Address: 9875 NW 18TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: PD ( ) Delete
Name: TANNER, DOROTHY
Address: 9875 NW 18TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SEC ( ) Delete
Name: BILLARD, BARBARA
Address: 9875 NW 18TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071

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:

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: BARBARA BILLARD SEC 04/22/2007

Electronic Signature of Signing Officer or Director — Date