




**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000005919			
1. Entity Name AMAZING EXOTICS EDUCATION CENTER OF CENTRAL FLORIDA, INC.			
Principal Place of Business 17951 SE COUTNY RD 452 UMATILLA, FL 32784		Mailing Address 17951 SE COUTNY RD 452 UMATILLA, FL 32784	
DO NOT WRITE IN THIS SPACE			
		01172005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-3546855	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
WHITE, W. GRAHAM 250 PARK AVENUE SOUTH, 5TH FLOOR WINTER PARK, FL 32790			
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000200136 01/28/05-80013-024 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINSER, JUSTIN W 17951 SE COUTNY RD 452 UMATILLA, FL 32784		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD FINSER, YVONNE R 17951 SE COUTNY RD 452 UMATILLA, FL 32784		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		1/21/05 352-8011034	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	